

THE
ASYLUM JOURNAL
OF
MENTAL SCIENCE,

Published by the Authority of the

ASSOCIATION OF MEDICAL OFFICERS
OF ASYLUMS AND HOSPITALS
FOR THE INSANE:

EDITED BY
JOHN CHARLES BUCKNILL, M.D.

VOLUME III.

LONDON :
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CONTENTS.

Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane	1
Tenth Report of the Commissioners in Lunacy to the Lord Chancellor	19
Report on Insanity and Idiocy in Massachusetts, by the Commission on Lunacy, under Resolve of the Legislature of 1815	31
Insane Literature	43
On the Various Forms of Mental Disorder (being the substance of Lectures delivered at the York School of Medicine). By Daniel H. Tuke, M.D., Visiting Medical Officer to the York Retreat	81
On the Association and Classification of Patients at Colney Hatch, and appropriation of the Recreation Room as a Dining Hall. By D. F. Tyerman, Esq., Medical Superintendent of the Male Department	114
Health, Work, and Play; Suggestions by Henry W. Acland, M.D., F.R.S. Oxford: John Henry and James Parker. 1856. Pamphlet.	116
Plea of Insanity—The Trial of William Dove	125
Criminal Lunatics: are they responsible? Being an Examination of "The Plea of Insanity." In a Letter to the Lord High Chancellor. By J. Russell Reynolds, M.D., Lond.	134
French Psychology	139
Title and Index to Vol. II.	

CONTENTS.

ORIGINAL COMMUNICATIONS

The Diagnosis of Insanity, by John Charles Bucknill, M.D., concluded from page 445, vol. ii. ...	141
The Divine and the Physician, by John Kirkman, M.D., Medical Superintendent of the Suffolk County Asylum ...	185
On the Classification and Forms of Insanity, by Henry Monro, F.R.C.P., M.B., Oxon., Physician to St. Luke's Hospital ...	193
On the Various Forms of Mental Disorder, by Daniel H. Tuke, M.D., Visiting Medical Officer to the York Retreat, (continued from page 113.) ...	218
Insanity and Demoniactal Possession ...	247

REVIEWS.

The Treatment of the Insane without Mechanical Restraints, by John Conolly, M.D., &c. London, Smith, Elder, & Co. 8vo. pp. 380. ...	253
An Address to the Trustees and Governors of the Warneford Lunatic Asylum, and the Gentry interested in the distribution of Warneford Gifts. By William Ley, M.R.C.S., Medical Superintendent of the Asylum for the Counties of Oxford and Berks ...	261
Letter from Dr. Pliny Earle on Blood-letting in Insanity	266
The Military Lunatic Hospital ; a Summary of the Minutes of Evidence taken before the Select Committee on the Medical Department (Army), so far as they relate to the Re-establishment of that Hospital. By C. Lockhart Robertson, M.B. Cantab., &c., &c. ...	271
A Letter to the Committee of Visitors of the Surrey Lunatic Asylum, by Charles Snape, Medical Superintendent. Pamphlet ; Churchill ...	276
THE QUARTER ...	278
Association Notice ...	284
Appointments ...	284

CONTENTS.

ORIGINAL COMMUNICATIONS

The Pathology of Insanity. By John Charles Bucknill, M.D.	285
On the various Forms of Mental Disorder, (being the Substance of Lectures delivered at the York School of Medicine.) By Daniel H. Tuke, M.D., Visiting Medical Officer to the York Retreat (<i>continued</i>) ...	335
On the Establishment of a State Asylum. By William Wood, M.D., Licentiate of the Royal College of Physicians, formerly Medical Officer of Bethlem Hospital ...	365
Observations on Epilepsy. By Robert Boyd, M.D., F.R.C.P., Physician to the Somerset County Lunatic Asylum ...	377
Asylum Architecture and Arrangements. By Dr. Bucknill ...	385

REVIEWS

Flemish Interiors. By the writer of "A Glance behind the Grilles." Longmans, 1856. Notes on Belgian Lunatic Asylums. By John Webster, M.D., F.R.S., Part I. "Journal of Psychological Medicine," January, 1857 ...	397
--	-----

FOREIGN PSYCHOLOGICAL LITERATURE

On the Present Condition and Future Prospects of Idiot Education. By Dr. Ferdinand Kern, Superintendent of the Idiot School at Gohlis, near Leipzig. (From the "Allgemeine Zeitschrift für Psychiatrie.) ...	406
--	-----

THE QUARTER

Dr. Millar and the Bucks Visitors ...	421
Mental State of Verger ...	425
Military Lunatic Asylum ...	427
CORRESPONDENCE & APPOINTMENTS. ...	428

CONTENTS.

On Certain Residual Prejudices of the Convalescent and Recovered Insane. By DANIEL NOBLE, M.D.	...	429
On the Various Forms of Mental Disorder, (being the Substance of Lectures delivered at the York School of Medicine.) By DANIEL H. TUKE, M.D., Visiting Medical Officer to the York Retreat	... ..	443
Annual Reports of County Lunatic Asylums and Hospitals for the Insane in England and Wales. Published during the year 1856	... ..	464
On the Terms Delusion, Illusion, and Hallucination. By J. H. BLOUNT, M.D. Part II.	... ..	508
Statistics of Insanity, being a Decennial Report of Bethlem Hospital, from 1846 to 1855 inclusive. By W. CHARLES HOOD, M.D., Resident Physician of Bethlem Hospital, &c., &c., &c., pp. 121	... ..	516
Bacon's Essays, with Annotations. By RICHARD WHATELY, D.D., Archbishop of Dublin. London: Parker, 1856.		524
Revelations of Prison Life, with an Enquiry into Prison Discipline and Secondary Punishments. By GEORGE LAVAL CHESTERTON, twenty-five years Governor of the House of Correction at Cold Bath Fields. Hurst and Blacket, London, 1856. 2 vols. 8vo. ...		535
Report of Her Majesty's Commissioners appointed to enquire into the State Lunatic Asylums in Scotland, and the existing Law in reference to Lunatics and Lunatic Asylums in that part of the United Kingdom. 1857.		
Debate in the House of Commons, Friday, May, 29th, 1857.	... ..	548
Medical Evidence in Mr. Snape's Case	... ..	566
Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane	... ..	570
Obituary	... ..	574
Correspondence	... ..	575
Appointments	... ..	576

LIST OF SUBSCRIPTIONS

Received subsequently to the acknowledgement in the
Asylum Journal, of the 1st of January, 1857.

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WILLIAM LEY, *Treasurer.*

THE ASYLUM JOURNAL

OF

MENTAL SCIENCE.

Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane.

THE Annual Meeting was holden this year on the 1st of August, at Derby, under the presidency of Dr. Hitchman, the Physician Superintendent of the Derby County Asylum, Michaelover, near Derby.

The day of meeting was fixed by the committee for the 1st of August, to suit the convenience of members attending the Annual Meeting of the Provincial Medical Association at Birmingham, on the 31st of July.

The General Meeting for the transaction of business was held at the County Asylum, at one o'clock.

The following members were present :

DR. THURNAM, President.

DR. HITCHMAN, President-elect.

WILLIAM LEY, Esq., Treasurer.

DR. BUCKNILL, Editor of the Journal.

DR. CAMPBELL, Auditor.

DR. LOCKHART ROBERTSON, Honorary Secretary (General).

DR. STEWART, Honorary Secretary for Ireland.

DR. BOISRAGON,

T. N. BUSHFIELD, Esq.,

J. BUCK, Esq.,

J. CORNWALL, Esq.,

DR. DAVEY,

DR. DICKSON,

BOOTH EDDISON, Esq.,

DR. HEWSON,

A. ILES, Esq.,

DR. MACKINTOSH,

DR. MACREIGHT,

J. N. MILLAR, Esq.,

J. H. PAUL, Esq.,

DR. SEATON,

DR. SHERLOCK,

DR. HARINGTON TUKE,

F. D. WALSH, Esq.,

J. WARWICK, Esq.,

C. WILLIAMS, Esq.,

DR. FORBES WINSLOW.

Letters, apologizing for unavoidable absence, were read

from Dr. Conolly, Dr. Sutherland, Dr. Henry Monro, Dr. Kirkman, Dr. Stevens, &c., &c.

Dr. Thurnam, the President, being obliged to leave Derby at once on urgent private affairs, Dr. Hitchman, the President-elect was unanimously called to the chair.

The Minutes of the preceding Meeting were read and confirmed.

TREASURER'S REPORT.

The Treasurer, W. LEY, Esq., in presenting the balance sheet audited by Dr. Campbell and herewith subjoined, stated that immediately after the last annual meeting, the balance then in hand and the proceeds of the sale of the first volume, (fourteen numbers) of the Journal were paid over to the editor, Dr. Bucknill, in accordance with a resolution to that effect adopted by the general meeting, and that Dr. Bucknill had therewith given him a receipt in full for the payment and liquidation of all claims for the publication of the 1st volume of the Asylum Journal. Mr. Ley then read the following statement of the

Receipts and Expenditure from 30th June, 1855, to 30th June, 1856.

RECEIPTS.			EXPENDITURE.		
	£	s. d.		£	s. d.
Annual Subscriptions paid to Treasurer	80	17 0	Printing, Publishing, and Circulating Asylum Journal, No. 15	25	7 10
General Secretary	10	9 0	Ditto ditto No. 16	22	16 5
Irish Secretary	9	9 0	Ditto ditto No. 17	25	10 9
Donation from J. Wilkes, Esq., H.M. Commissioner in Lunacy, (elected an honorary member,)	5	0 0	Sundries incurred by Treasurer	1	2 10
From Sale of No. 15 of Asylum Journal	5	7 5	General Secretary	5	19 0
			Irish Secretary	2	7 3
			Balance in hands of Treasurer, June 30, 1856	27	18 4
	£111	2 5		£111	2 5

I have carefully examined these Accounts and find them correct,

Derby, Aug. 1, 1856.

D. C. CAMPBELL, M.D., Auditor.

Mr. LEY then proceeded to state that with reference to the balance in hand of £27 18s 4d, he held in his possession the bill for publishing, etc., of the 18th number of the Asylum Journal, which appeared on the 1st July, and for printing the circulars calling this meeting, and which amounted to a total of £28 6s 5d. The meeting would thus perceive that the annual income of the Association almost exactly met all the liabilities of the year, including the publication of four quarterly numbers of the Asylum Journal in its improved and more expensive form. He thought,

looking to the doubts which many had entertained last year of his ability to meet the increased expense consequent on the improved form of the Journal, that he might congratulate himself on being thus prepared to meet every claim on the Association, and to declare, on the part of the Association, that he owed no man anything save warm acknowledgments of gratitude to the Editor for his unwearied labours, and to the Secretaries for their steady efforts to extend the influence and numbers of the Association, and to consolidate its organization.

He would in conclusion urge on members present, the importance of further strengthening his hands and extending the influence of the Association, by the introduction of all medical men in the circle of their acquaintance practising in lunacy, and also by inducing members of their committees and chaplains of their asylums, etc., to become subscribers to the Asylum Journal. As the Association became more important by its numbers and its extending influence, considerably greater expenditure would have to be incurred to carry out its purposes to their full development, and he must look to efforts on the part of their several members, such as he had ventured to indicate, to enable the Treasurer in future years to appear with as clean a bill of health as he to-day did before the annual meeting.

ELECTION OF OFFICERS FOR THE ENSUING YEAR.

President. MR. LEY said, the gentlemen who were to have nominated for their approval a President to succeed Dr. Hitchman for the year, 1857-8, had not yet arrived, and the duty had therefore devolved upon himself. There was one gentleman present whose name would at once suggest itself for their approval; the name of one who had done more for the cause in a literary point of view than any other person; who had ably conducted a journal, independently of the one more closely connected with the Association, and who had always met the members in a spirit of frankness and hearty concurrence; he meant, Dr. Forbes Winslow (applause). That gentleman was an object of great respect, and it was impossible to rate too highly the services he had rendered to the cause they all had so much at heart. He therefore begged to propose that Dr. Forbes Winslow be President of the Association for the year 1857-8 (applause).

DR. LOCKHART ROBERTSON, in the absence of Dr. Sutherland and the temporary absence of Dr. Bucknill, begged to be allowed the honour of seconding the nomination, on

which he was sure there would not be the slightest difference of opinion.

THE CHAIRMAN: It is a proposition that will be carried by acclamation.

The motion was carried *nem. con.* amidst much applause.

DR. FORBES WINSLOW: Mr. President and gentlemen, I accept, with much pleasure, the important office you have conferred upon me, and I will use my utmost exertions to promote the prosperity of this valuable Association (applause).

Editor of the Journal. DR. FORBES WINSLOW proposed that Dr. Bucknill be re-elected editor of the Journal, and in making this proposition he begged to express his ardent thanks to Dr. Bucknill for the able manner in which he had conducted it (applause). The Journal was most creditable to the Association, and he was sure that he was embodying the feelings of all its members in giving the strongest expression to their satisfaction and approval (applause).

DR. PRICHARD seconded the motion, which was carried by acclamation.

Treasurer. DR. LOCKHART ROBERTSON proposed that Mr. Ley be re-elected Treasurer to the Society. Only those who were intimately acquainted with the detail management of the Association could know how heartily and honestly Mr. Ley carried on the duties of his office, how he was ever ready with his experienced counsel to aid the committee in their efforts to extend the influence and usefulness of the Association.

DR. STEWART seconded this nomination, which was carried by acclamation.

Auditors. DR. LOCKHART ROBERTSON moved that Dr. Campbell and Dr. Prichard be elected Auditors for the ensuing year. By rule one auditor went yearly out of office, and he was sure he consulted the wishes of his valued friend Dr. Kirkman, the senior member of the Association, whose absence this day they must all regret, in proposing that the services of Dr. Campbell be retained for the ensuing year. He would beg to conjoin with Dr. Campbell, Dr. Prichard, thus having as auditors of the Association, representatives of each of the two elements of which they were composed, of the medical officers of public and private asylums.

DR. SHERLOCK seconded this proposal, which was carried unanimously.

Honorary Secretary, (General). DR. HARRINGTON TUKE proposed that Dr. Lockhart Robertson be re-elected Honorary Secretary to the Association.

DR. FORBES WINSLOW seconded the nomination, which was unanimously carried.

Honorary Secretaries for Ireland and Scotland. DR. CAMPBELL moved that Dr. Stewart and Dr. Browne be respectively re-elected Honorary Secretaries for Ireland and Scotland.

MR. LEY seconded the nomination, which was carried unanimously.

ANNUAL MEETING, 1857.

It was agreed, at the suggestion of Mr. LEY, that the next annual meeting should be held in London; and Dr. Robertson was requested to arrange, in conjunction with Dr. Forbes Winslow, the place and date of meeting, dinner, &c.

ELECTION OF NEW MEMBERS.

The following Members were duly elected, in accordance with the terms of Rules III. and VI.

Honorary :

SIR BENJAMIN C. BRODIE, BART., D.C.L.

SIR HENRY HOLLAND, BART., M.D., D.C.L.

JAMES WILKES, ESQ., Commissioner in Lunacy.

THOMAS PEACH, ESQ., M.D., J.P. for the County of Derby.

J. R. HUME, ESQ., M.D., Commissioner in Lunacy.

Ordinary :

ALDERSON, J. S., ESQ., M.S. West Riding County Asylum.

ALLEN, THOS., ESQ., M.S. Warneford Asylum, Oxford.

ARMSTRONG, DR., Peckham House, London.

BAKEWELL, DR., Church Stretton, Salop.

BLOUNT, J. H., ESQ., M.D., Edgbaston, Birmingham.

BODINGTON, G., ESQ., Driffold House, Sutton Coldfield, Warwickshire.

BOISRAGON, DR., M.S. County Asylum, Cornwall.

BUSH, J., ESQ., Clapham Retreat, London.

CASSON, F. W., ESQ., M.S. Hull Borough Asylum.

CHEWNER, DR., V. P. Lincoln Hospital for the Insane.

FAYRER, DR., Henley-in-Arden.

HEDGER, DR., County Asylum, Colney Hatch, Middlesex.

HELPS, DR., Royal Bethlem Hospital.

HERVEY, DR., Assist. Medical Officer, Haslar Naval Hospital.

LAWLOR, DR., M.S. Killarney District Asylum.

MACREIGHT, DR., Somerset County Asylum, Wells.

ROBERTSON, J. G., ESQ., County Asylum, Brentwood, Essex.

STEWART, DR., Southall Park, Middlesex.

WILLETT, DR., Wyke House, Brentford.

Some discussion arose as to whether it was required by Rules III. and VI., that each candidate should be separately balloted for. The chairman (Dr. Hitchman) ultimately ruled that one ballot for the candidates proposed was all that the provisions of these rules required.

DR. HARINGTON TUKE also adverted to the propriety of the names of those to be proposed for the honorary membership being made known to the members in the circular calling the meeting; and in accordance with the provisions of Rule XVIII. he gave notice, that at the next annual meeting he would move that the following clause be added to Rule VI., viz.: "That a month's notice of intention to propose the election of any honorary member be given to the Secretary, who shall inform each member of the Association of the same in the circular calling the Annual Meeting."

MILITARY LUNATIC ASYLUM.

Dr. LOCKHART ROBERTSON desired to direct the attention of the Association to a clause in section 16 of the "*Report from the Select Committee on Medical Department, (Army,) ordered by the House of Commons to be printed 3rd July, 1856; in which the Committee recommend 'THAT A MILITARY LUNATIC ASYLUM BE PROVIDED, AS EMBRACED IN THE DESIGN FOR THE NEW MILITARY HOSPITAL AT SOUTHAMPTON.'*"

This recommendation of Mr. Stafford's committee would, he felt sure, command the hearty approval of every member of this Association.

A military lunatic asylum was first established by Sir James Mc'Grigor in 1819, at Fort Clarence, Chatham, and continued in full operation until 1846, when, at the advice of Her Majesty's commissioners in lunacy, who had always shewn a warm sympathy in the welfare of that establishment, it was removed to the naval hospital at Great Yarmouth, Norfolk, which had been especially remodelled for the purpose. On the breaking out of the late war, however, the medical department of the Admiralty, expecting, as did all the country, that Sir Charles Napier's command in the Baltic would produce results somewhat equivalent to the bravados of the Reform Club dinner, decided that the Yarmouth hospital should again be fitted up for the reception of the wounded (?) of the Baltic fleet. The commissioners in lunacy in their 9th annual report, (May, 1855,) with reference to this closing of the Yarmouth lunatic hospital, make the following remarks:

"The Yarmouth hospital ceased in May, 1854, to be occupied as a hospital for military lunatics, possession of it having been resumed by the board of Admiralty for the purpose of a general hospital for the sailors of the Baltic fleet. At that time the lunatic patients at Yarmouth consisted of 19 officers, 69 soldiers, and 5 women; for whom it became necessary to provide elsewhere without delay. The Secretary of War having requested our opinion as to the best mode of providing for those inmates, we named Grove Hall, Bow, as a well-conducted asylum, and capable of affording proper accommodation for the soldiers and women; and we, at the same time, named Coton Hill lunatic asylum hospital, (an institution under good management, near Stafford,) for the officers. The patients were removed to these establishments accordingly. But we trust the arrangements thus made are merely of a temporary character, inasmuch as we should be unwilling to abandon the hope that a distinct asylum will be established for insane soldiers, for whom no public provision at present exists, except the very inadequate and unsuitable accommodation appropriated to them at Fort Pitt, Chatham."

In one of the earlier numbers of the Asylum Journal, attention was drawn in a leading article to the existence of this anomaly, and a hope also expressed that the arrangement might be of the most temporary nature. In July, 1855, Mr. Moody brought the question before the House of Commons, and in the first quarterly number of the Asylum Journal, (October, 1855,) he (Dr. Robertson) had published a paper, giving a detailed history of the military lunatic hospital.

These several efforts for the better accommodation and treatment of the insane soldier had resulted in the satisfactory recommendation by Mr. Stafford's committee, which he (Dr. Robertson) had just read to the meeting.

In furtherance of these efforts to ameliorate the condition of the insane soldier—efforts which he felt sure commanded the sympathy of every member of this Association,—he now begged to move the following resolutions:—

"1. That this Association views with unqualified satisfaction the recommendation contained in the 16th section of the Report of the Select Committee of the House of Commons appointed on the medical department of the Army, *"that a Military Lunatic Asylum be provided, as embraced in the design for the new Military Hospital at Southampton."*

"2. That this Association desires respectfully to convey to

the Right Hon. the Minister of War and to the Director General of the Army Medical Department the satisfaction it will afford the members of this Association to place their practical experience in the arrangements of such institutions at the disposal of those to whom the fitting up and charge of the New Military Lunatic Hospital may be entrusted.

“That a copy of these two resolutions be forwarded to the Minister of War and to the Director General of the Army Medical Department.”

DR. FORBES WINSLOW briefly seconded the resolutions, which were unanimously adopted.

ACTING SUB-COMMITTEE.

MR. CALEB WILLIAMS desired to draw attention to the importance of adding to the working machinery of the Association an Acting Sub-Committee, which could readily be called together should any question involving the interests of the Association arise, any further legislation on the question of insanity be attempted, &c., &c. He would propose that a sub-committee be appointed with the usual powers of meeting and reporting to the Association on any subject which may at the time engage their attention, and that it be competent for this sub-committee to call an extraordinary meeting of the Association in accordance with the provisions of Rule X, to receive and consider any report which the sub-committee might desire to present. He begged to propose the following gentlemen as members of this sub-committee :

THE PRESIDENT FOR THE YEAR,

DR. CONOLLY,

DR. SUTHERLAND,

DR. FORBES WINSLOW,

DR. BUCKNILL,

DR. LOCKHART ROBERTSON.

It was desirable, Mr. Williams added, that whatever course they pursued, they would, if possible, move along with the Commissioners in Lunacy. He would not like them to be in antagonism to the Commissioners ; on the contrary, he would rather they united ; and seeing that some of the Commissioners were not medical men, it would not be improper in the Association to make suggestions and unite with the Commissioners in carrying out any measures of a salutary nature.

DR. FORBES WINSLOW considered it important that the

Association should take an active part with reference to legislation, for he contended they had suffered materially for want of some such parliamentary supervision. When the two last acts were before the Legislature, and under discussion, he got hold of the draft of a bill, and discovered some most monstrous and unjustifiable provisions in it. The bill being at that time in committee, he immediately acted in the matter. He sought interviews with Mr. Gladstone and other parliamentary friends of his, and also had a conversation with Lord Palmerston, and was thus enabled to effect some alterations in the bill (applause). Now if he could effect thus much single-handed, what could not a body acting on behalf of an Association like this, accomplish? (hear, hear). He thought a committee of the kind suggested most important, and he would delegate to them full power to act. If the committee was able to make any impression upon Government or the Legislature, he would then call together an extraordinary meeting of the Association, in order that they might act as a body. Parliament would never legislate at all times with right views on the care and treatment of the insane, until those who have the management of the insane take a more active part in the work of legislation. He begged to second the appointment of this sub-committee.

DR. BUCKNILL was struck with the *inertia* of medical men. Mr. Spooner complained to the Medical Provincial Association at Birmingham, that he had been quite at sea with regard to the Medical Bill before the House of Commons. Mr. Spooner stated that he distributed the bill in every direction amongst medical men, in hopes that they would give him their opinion of its contents; but to his surprise he did not receive a single answer. He mentioned this with a view to enlist for the future a more active interest in medical legislation; for he felt persuaded that the profession had only to be united, in order to carry any measure that might be considered desirable (hear, hear).

The resolutions were then carried *nem. con.*

THE MEDICAL SUPERINTENDENCE OF THE IRISH DISTRICT LUNATIC ASYLUMS.

DR. FORBES WINSLOW, adverting to a measure recently introduced to Parliament with reference to district asylums in Ireland, and the appointment of managers thereof, read the following extract from a letter received by Dr. Lockhart Robertson from Dr. Flynn, the resident physician of the District Lunatic Asylum at Clonmel:—

"As the interests of the medical profession in England (so far as the legal obligation extends of having *resident* medical officers attached to Lunatic Asylums in England) seems secured, might I ask you to look at the case of Ireland, and its great lunatic hospitals. It is true, medical men, by favour or by force of public opinion, *may* be appointed, and are appointed, by Government to *some* asylums, but the principle is not established by *law*; and nothing could prevent the Lord Lieutenant from nominating his valet or butler as manager of a district lunatic asylum in Ireland, if to him it seemed fit so to do. Nay, in the recent government bills introduced into parliament, no provision whatever was made to correct this glaring evil."

Dr. Winslow said, it seemed perfectly monstrous that any legislative measure should be introduced, empowering the Government to appoint to the management of asylums any persons they chose and without requiring them to be medical men. During the last ten years, Government had always recognised the principle of appointing none but medical officers to posts of such responsibility and importance; but now the measure under notice did not recognise that principle, but left it perfectly optional to government to appoint whomsoever they thought proper. He begged to submit the subjoined resolutions for the consideration and approval of the Association:—

"That this Association having seen a bill before the late session of Parliament having reference to the 'District Lunatic Asylums in Ireland,' but in which no provision was made for these institutions being superintended by medical men, feel it their duty earnestly and respectfully to call the attention of the Irish Executive, and the Government Inspectors of Asylums to this matter, with the view of suggesting that so important an omission should be provided against in any future bill that may be brought forward, it being the unanimous and decided opinion of this Association that establishments for the care and treatment of the insane, should have none but members of the medical profession in their immediate charge; and that this should not, as at present, be optional or accidental with the authorities in whose hands those appointments are placed, but be made legislatively compulsory, and be so provided for in any forthcoming bill that may be submitted to Parliament."

"That a copy of the foregoing resolution be transmitted by Dr. Stewart to the Chief Secretary for Ireland, and to the Government Inspectors of Asylums in Ireland."

DR. SEATON, in seconding the resolution, said that the Association should avail themselves of every opportunity to shew the government and the public, that lunacy is the result of disease. Unfortunately, an opinion, was too prevalent that lunacy is out of the category of disease; and

they found as a consequence, that medical men were degraded to the point of mere keepers of mad houses. He hoped that that term would in future be expunged from the English language, and that the medical men now engaged in psychological science would be looked upon as men practising the highest branch of the profession. As medical men, they should protest against the public impression that lunacy is not connected with actual disease, and that, therefore, it is not necessary that the managers of asylums should be connected with the profession.

DR. STEWART was glad the subject had been taken up in the manner it had been. Under the bill referred to it would be quite optional whether the Irish Executive appointed medical or non-medical men to superintend the district asylums in that country; it was, in fact, a thorough go-a-head affair, as all connected with the management of asylums were classed in a body, from the highest to the lowest, as "officers." He admitted that for the past ten years, none but medical men had been appointed to the management; but the bill under consideration was not made compulsory in that respect, and if he chose, the Lord Lieutenant might appoint his valet or his butler to the office. That ought not to be. The appointment of medical men ought to be made a *sine quâ non*. He was glad that the Association had taken the question up, for the bill had been merely withdrawn for the present and would be re-introduced.

Dr. Winslow's resolution was then unanimously carried.

VOTE OF CONGRATULATION TO R. W. S. LUTWIDGE, ESQ., ON HIS RECENT APPOINTMENT TO A COMMISSIONERSHIP IN LUNACY.

DR. BUCKNILL, adverting to the appointment of Mr. Lutwidge as one of the Commissioners in Lunacy, said that gentlemen had great claims to the respect and esteem of every member of the Association on account of the firmness, prudence, good temper, and gentlemanly feeling with which he had discharged for many years the duties of Secretary to the Commission (great applause). He proposed to embody these opinions in the following vote of congratulation:

"The members of the Association of Medical Officers of Asylums and Hospitals for the Insane, beg to congratulate R. W. S. Lutwidge, Esq., on his appointment to be one of the Commissioners in Lunacy. The firmness, prudence, good temper, and gentlemanly feeling with which the duties

of Secretary to the Commission have been discharged for many years, have elicited the most sincere respect and esteem for Mr. Lutwidge from the members of this Association, and they have been truly gratified by his appointment to the office of Commissioner."

DR. FORBES WINSLOW had much pleasure in seconding the resolution. He bore cordial testimony to the uniform courtesy and urbanity, which all connected with the management of asylums had uniformly received, both on personal and general grounds, from Mr. Lutwidge, and he rejoiced that that gentleman had been placed on the Commission (applause).

The resolution was carried amidst applause.

THE CASE OF THE CONVICT, DOVE, UNDER SENTENCE OF DEATH.

DR. DAVEY then rose and said, that he took for granted that the resolution he was about to submit to them, was intimately connected with the objects of the Association, inasmuch as it had reference to the insane. If they had at heart the well-being of the insane, if they sympathized with the oppressed and the neglected, they would do that which he, in the discharge of a conscientious duty, was about to ask them to do. He took for granted that every member present was satisfied in his own mind of Dove's insanity; and he therefore called upon them to use their influence with the executive to obtain a reprieve for Dove, in accordance with the recommendation of the jury. Dr. Davey moved a resolution to the effect, that this Association, feeling assured of the insanity of William Dove, and the consequent irresponsibility for his acts, do earnestly entreat the Home Secretary to listen to the recommendation of the jury, and not allow the sentence of death to be carried into effect, on the plea of defective intellect.

After a slight pause,

DR. CALEB WILLIAMS rose and said, that every body would know from the statement he made at the trial, that he entertained no doubt of Dove's insanity. He believed that the proposition before the meeting was in accordance with the constitution of the Association; and he also thought that the majority of those present would agree that Dove was insane. But whether they were prepared to obtrude themselves, as an Association, upon the Government, was a question requiring grave consideration.

DR. FORBES WINSLOW submitted, that it would be impos-

sible to call upon them, as an Association, to express any opinion as to the sanity or insanity of Dove. He expressed no opinion himself upon the point. If the resolution were put from the Chair, he was afraid Dr. Davey's humane and laudable object would be frustrated, and thus, perhaps, an irreparable injury done to Dove. For if it were to appear in the public prints that the opinion of a majority of those present was an adverse one, it would inevitably seal the fate of Dove. He did therefore hope, that the motion would be withdrawn; for he (Dr. Winslow) felt morally convinced, that if Dr. Davey persisted, instead of effecting the humane object he had in view, an opposite effect would be the result.

MR. EDDISON: Many of us may not have gone carefully through the evidence, and may not therefore be in a position to give a decided opinion. My feeling is certainly in favour of Dr. Davey's sentiment, yet I do not think, under the circumstances, it would be right to endorse it so firmly.

DR. DAVEY: I ask for a conscientious vote, and I therefore respectfully decline to act upon the advice tendered to me. I do it upon public principle. Conscientiously convinced as I am of Dove's insanity, I felt it to be a duty I owed to the cause of humanity and justice to submit this resolution, and I hope some one will second it. If it falls to the ground, I shall feel that I have simply done my duty.

MR. LEY had not formed a deliberate judgment upon the question, and he thought it would not be prudent for the Association to act.

DR. BUCKNILL earnestly added his advice to that of others to have the motion withdrawn. It was most inexpedient to discuss such a question at this meeting. It might be that gentlemen sitting at this Board entertained a strong opinion that Dove was not insane. They knew from the public prints that Dr. Davey and Dr. Caleb Williams were of opinion that he was; but others might be on the other side. He submitted that the question could not be gone into fairly, except at great length, and that it would be most inconvenient to enter upon a lengthy and arduous discussion of this nature.

DR. DAVEY thought this was an opportunity that ought not to be lost.

DR. SEATON thought the proposition admissible if brought forward at the proper time. Before a resolution of that kind could be discussed, the whole of the facts ought to have been laid before the meeting, otherwise a considerable num-

ber of the Association might not be in a position to decide. For himself, he had a strong conviction that the man was, and is insane; but on the ground that Dr. Davey has not placed materials before the meeting on which to found a correct judgment, he must decline seconding the resolution.

The motion consequently fell to the ground.

VOTE OF THANKS TO THE CHAIRMAN.

DR. FORBES WINSLOW rose with feelings of very great pleasure, to propose a vote of thanks to their able President, Dr. Hitchman (applause); they could all bear testimony to the urbanity and ability with which he had presided over their deliberations; and they most cordially thanked him for the kind and hospitable treatment they had received from him (applause). He was sure that he (Dr. Forbes Winslow) was only expressing the sentiments of the Association, in conveying to Dr. Hitchman their cordial and sincere thanks.

DR. CALEB WILLIAMS seconded the motion, and expressed the pleasure he had derived in going through this admirably conducted institution (applause).

The motion was carried by acclamation, and briefly acknowledged by DR. HITCHMAN, who said, he felt highly honoured in having been surrounded by so many distinguished gentlemen on the occasion. He regretted the inability of Dr. Conolly, Dr. Sutherland, Dr. Monro, and others to be present, but it was satisfactory to know that their feelings were heartily with them (applause). For himself personally, he could assure them that their presence there on this occasion had afforded him the highest possible pleasure.

VOTE OF THANKS TO THE COMMITTEE OF VISITORS OF THE DERBY COUNTY ASYLUM.

On the motion of DR. BUCKNILL, seconded by DR. STEWART, the following resolution was passed amidst great applause:

"That the best thanks of the Association be transmitted to the Committee of Visitors of the Derby County Asylum, for the use of this room, and for the pleasure and instruction the members have derived from their visit to the wards of this admirably arranged and well-conducted asylum."

The meeting then separated.

THE DINNER.*

At half-past seven o'clock in the evening, the members of the Association, together with Dr. Heygate, H. F. Gisborne, S. W. Fearn, John Barber, and William Baker, Esqrs., sat down to a sumptuous repast at the King's Head Hotel. *Dr. Hitchman presided*; Dr. Lockhart Robertson occupying the vice-presidency. After the cloth was removed,

The CHAIRMAN rose and said: Gentlemen, I must trouble you for a few passing moments to do honour to a toast. It is one which requires no rhetoric to enforce it. It springs spontaneously in the hearts of Englishmen. Loyalty to our Queen is a magic spell which, while it nerves the arm of the weak and gives courage to the timid, dwells as a permanent sentiment in the hearts of the brave and the good. Gentlemen, the Queen merits our reverence and homage—(much applause). Whether she spreads her influence over a Crystal Palace of Industry, over a Royal Academy of Music, and over the higher and purer productions of the Drama; or whether she encourages the struggles and aspirations of genius as displayed in the productions of sculpture and art; or whether, with queenly dignity, she opens the proceedings of our legislative chambers, she is entitled to our admiration and esteem—(much applause). Now, especially, if we contemplate her as in the gray dawn of a winter's morn, she, with a loving spirit and a brave heart, cheers her troops on to the seat of war, or behold her, as with womanly tenderness and queenly gratitude she visits the sick, and decorates the heroes on their return—(applause). In peace or in war, in the sanctities of private life, in the elegant hospitalities of the court, in her performance of great state acts, we see everything to admire, and nothing to regret; and as a woman, as a wife, as a mother, and a Queen, she appeals to the loftiest emotions of our souls; and the age of chivalry would indeed be gone if, in the company of gentlemen, the toast of such a lady, and such a Queen, required more than its mere utterance to ensure for it a hearty welcome. I, therefore, without further prelude, propose "The health of Her Majesty the Queen." (The toast was drunk with three times three.) "Prince Albert, Albert Prince of Wales, and the rest of the Royal Family."

The CHAIRMAN rose and said: Gentlemen, I have again to trouble you. I trust you will fill your glasses to do honour to "The Army and Navy"—(applause)—to that army which has added the names of Alma, Balaklava, Inkermann, and Sebastopol to the bright roll which glittered with the names of Cressy, Agincourt, Poitiers, Blenheim, Torres Vedras, and Waterloo, but which now blends her laurel-wreaths of victory in companionship with the armies of France—which now rejoices to be the ally, the companion, the friend of her former magnanimous foe. May the prayers of two great nations be heard, and the conquerors of Austerlitz and Algeria be ever found the faithful allies, and the companions in arms of the conquerors of Assaye and Hindostan—(applause). If this be achieved, we shall not have fought in vain; indeed, we feel that the war has been fraught with brilliant results—that though there has been much, very much, to deplore—though the sun of its glory has been accompanied with clouds—yet has there been enough of brilliant valour and heroic endurance, to fringe these very clouds with a golden tinge, and to give a halo of glory even to its deepest gloom—(applause). Yes, gentlemen, though the waves of the Alma and the plains of Balaklava may not inspire such proud unmixed remembrances in the minds of Englishmen, as are indelibly associated in the Greek mind with the waters of Salamis and the plains of Marathon, yet never did the infantry of Greece march over the intervening plain between themselves and the Persians with higher resolves, with firmer hearts, with cooler discipline than swayed the brave Guards and Highlanders, as they advanced against the Russian hosts and their terrible redoubts; not across a mile of level ground like that which separated the mountain-foot of Marathon from the outposts of the Persian army, but wading through a river, beneath a fierce storm of well-planned shot, and shell,

* From *The Derby and Chesterfield Reporter*, August 8, 1856.

and musketry, up the broken and rugged banks of that bloody stream; and again upward and onward—onward and higher still, despite of every obstacle, over those steep heights of Alma, thick strewn with their fallen comrades of the Light Division. Oh! it must have been a sublime spectacle to view those gallant men, marching sternly, calmly, majestically on to their terrible task, with all the majesty, the grandeur, the power of some vast ocean-wave; marching quietly, yet irresistibly onwards, regardless of the blazing batteries, the firing columns which everywhere poured down upon them; marching on with the stern resolves of war, but with the calm dignity of parade; marching on with the silence and with the power to fall hereafter upon the foe, with the crash of the avalanche; marching on in quiet, amid carnage and death, until they should reach the redoubt, the pre-appointed place for action, and then, and not till then, to enter upon their deadly grapple with the foe, (applause). Derbyshire has cause to be proud of her contributions to the war, for she claims to be the home of that peerless heroine, Florence Nightingale (applause); and if war had evoked no other illustration of the highest form of human virtue, it would not have been enacted in vain (applause). Such characters shine out in their full splendour only under great emergencies, and I, for one, think such a manifestation is as worthy of our regard, as the import or export of cotton and cotton goods. Derbyshire has reason to be proud of her contributions to the war. You, gentlemen, have this day been pleased to express your approbation of the style and character of the institution which you have this day inspected. Let me tell you that the excellent man (Mr. Hurt) who urged its formation, who presided over its erection, who acted as its first chairman, and who continued to feel an active interest in its success until the latest moments of his most useful life, was the grandsire of two brave men who fell nobly in the attack upon the Malakhoff and the Redan, (applause). Let me further tell you, gentlemen, that the present chairman of the committee gave not one, nor two, but all his sons (applause) to the exigencies of the war, and that his children, inheriting the valour which inspired their sire on the field of Waterloo, have proved themselves worthy of their name. Gentlemen, when I tell you, as medical men, that that name is Blane—(much applause)—I say enough to win for it your admiration, your gratitude, your esteem; for who forgets Sir Gilbert Blane, the great logician in medical science, the sanitary naval reformer, the man whose genius preserved the lives of thousands of sailors to make our navy what it is (applause). Derbyshire has reason to be proud of her contributions to the war, for her Hurts, her Holdens, her Blanes were in the thickest of the fight; her brave 95th—the Derbyshire regiment—was second to none through the labours, the perils, the glories of this terrible war (applause). Gentlemen, a great warrior has just returned home amid the acclamations of his countrymen, and he has spoken, but not in words of gratulation and triumph, but in words of caution and advice, Sir Fenwick Williams, of Kars (applause), the hero of the war, feels that he cannot at this crisis perform a more patriotic task than by raising his voice, and, like some of the stern prophets of old, reminding his countrymen that “woe” will befall them if certain conditions are not complied with: “Woe to the country that neglects the military art. Woe to that country that heaps up wealth, and provides no army for its protection” (applause). May this dirge-like prophecy not be uttered in vain! But, gentlemen, there are better things to be guarded than even wealth, although to a money-seeking generation this is the most forcible appeal; but we, gentlemen, honour our Queen, we love our country, we cherish our honour, we guard as dearer than our life-blood the glorious traditions of the past, we feel, that as a nation we are in the vanguard of freedom, and as such have higher aims, loftier hopes, nobler purposes than can be summed up in a balance-sheet (applause). We regard the moral life of a nation as a sacred thing, which must not be tarnished, and we uphold the army and the navy *not* as the mere exponents of brute force, but as the representatives of the justice, the truth, the courage, the greatness of this our fatherland (applause). We must be free or die, who speak the tongue which Shakspeare spake, the faith and morals hold that Milton held—in all respects we are sprung of earth’s best blood, have titles manifold, and recreant is the wretch who would

not die to maintain them (much applause). I therefore propose "The Army and Navy" (applause).

DR. ROBERTSON, as having been connected with the medical department of the army, acknowledged the toast.

The CHAIRMAN again rose to propose "Prosperity to the Association." He said: Our Association is of tender years; it dates its origin from the social intercourse of a few friends under the hospitable roof of Dr. Hitch—from an assembly of gentlemen having kindred pursuits, like aims, like anxieties, and like hopes. It was in its beginning a social festival, at which laborious men forgot for a while their anxious daily task, and luxuriated in the sympathy of their brethren—of brethren who had experienced like toils and like responsibilities. It was a festival rich in the sweets of friendship and in that sympathy which a community of interest inspires. Its members were few. The increase of mental disease, or rather the additional interest which was excited respecting it, by bringing it within the pale of a rational pathology, and the increase of public lunatic asylums consequent on this, caused some of the members to feel that a time had arrived in which the Association should enlarge its aims, and become, in fact, the representative and exponent of psychological science; that without departing from its original purpose, without losing any of the sweet fruits of friendship it should have engrafted upon it, whatever an advanced physiology, whatever increased experience, whatever an enlarged philosophy could bring for the elucidation of mental disease, and the better treatment of the mental invalid. This was its apparent origin; but like other societies—nay, but like great truths themselves, it came in obedience to a want felt by many minds, it was a requirement of the age in which we live; it was, I trust, a response to the cravings of humanity itself, or it will fade, dwindle, and die—(hear, hear). I believe our mission to be a high and holy one. There are great problems to be solved in relation to social ethics—to education, physical, moral, and intellectual,—to crime—to insanity—and it is our duty to attempt their solution. It is our privilege to live in an advanced state of civilization. The labours of centuries are before us, the lives of hundreds of devoted men appeal to us, the thoughts, the writings, the aspirations of the great and good of Egypt, Greece, of Rome, are placed before us for guidance, for warning. The beneficent exertions of Pinel, of Tuke, of Conolly; the pathological researches of Esquirol, Greding, Foville, Romberg, Boyd, and others; the anatomical and physiological discoveries of Unzer, Prochaska, Gall, Spurzheim, Bell, and of Carpenter; the literary labours of Conolly, Winslow, and Bucknill, have cleared the way of many impediments, and urge us forward to still higher attainments: and above all, tens of thousands of sufferers from mental disease look up to us for help, for health, for happiness (hear, hear). I believe, gentlemen, that great things wait us. Pinel and Tuke have revealed to us by *their* experience; one of our distinguished members, my revered friend, Dr. Conolly, has by eloquent words, and still more by eloquent deeds, unfolded to us, that

"Mightier far

Than strength of nerve or sinew, or the sway

Of magic potent over sun and star,

Is love,"

in the control and cure of disordered minds (applause). These are the bright dawnings of a sublime truth; they are golden links in a chain which shall lead us onwards to further discoveries. Let us, as an Association, be ever active, ever vigilant; let nothing escape us, but let us not always look for an immediate tangible good: disappointments will come; at the same time, our labour is not wholly lost. Failure teaches lessons, and our researches, though they may not be successful in the special thing looked for, may lead to important results in other respects, and may benefit after ages. Only let us be true to facts, and whatever vain theories may be deduced from them, good will come. Thus the Chaldeans of old gazed upon the heavenly bodies, and from their movements were fanciful speculations upon man's destiny, vain, frivolous, false; out from their watchings have sprung a noble science, through which the stars do indeed speak a language, and teach the mariner to know his exact situation upon the

pathless sea (applause). Who could have anticipated that in the nightly vigil and ever-heated crucibles of the Alchemists of old in their mad search after the "Philosopher's Stone," or a never failing "Elixir of Life," lay the germ of that science which is not only fertilizing our fields, enriching our manufactures, discovering crime by bringing the poison atoms to stand as appalling evidence against the poisoner; but is in the hands of our distinguished associates, Drs. Sutherland, Oliver, and Burnett, affording clearer evidence of pathological lesions in connection with mental disease, and suggesting their appropriate remedies? (applause). Gentlemen, let us struggle as one man to aid this Association, which is to enlarge the boundaries of mental science, to discover and to remove the causes of a terrible disease. Let us do this, and the "Blessings of those that are ready to perish will be upon us," (applause). I propose to give you a toast, "Prosperity to the Association of Medical Officers of Asylums and Hospitals for the Insane."

DR. STEWART, of Belfast, after referring to the abilities and services of Dr. Hitchman, proposed that gentleman's health amidst the hearty gratulations of all present. Dr. Hitchman's researches with regard to the structural diseases of the brain had rendered the profession greatly indebted to him, and his labours generally in the cause of humanity were worthy of the highest commendation. They all rejoiced to experience the friendship of so able and so worthy a man. (Drunk with three times three cheers).

The CHAIRMAN in returning thanks said: It has been my high privilege, it has been my great good fortune, to act under a body of English gentlemen, who are swayed only by the motives of the highest benevolence, and of the purest honour. A body of gentlemen whose talents, and whose hereditary social position place them far above the feelings of a petty ambition, whose labours are devoted simply and unostentatiously to the well being of the insane poor, who are not desirous of robbing their appointed officer of the proper meed of his labours, but who are on all occasions desirous that he should have free scope for the exercise of those abilities with which his education and experience may have endowed him. In all my exertions for the well-being of the patients, I have had the sympathy and the aid of wise and good men; and if the Derby County Asylum possesses any superior excellence to that of some other kindred institutions, it is due to the exalted philanthropy, the generous character, the judicious conduct of its governing body, (applause). I should be wanting in everything that ought to actuate an honourable mind if I said less than this, to add more, would be to wound the sensitiveness which shrinks from praise; and it would be displeasing to those gentlemen, who in the exercise of the highest virtues feel only, that they are in the simple path of duty, a path in which their forefathers walked, and to deviate from which would be dishonour and disgrace (much applause). He begged to propose the health of the visiting magistrates to the asylum, coupling with the toast, the name of Mr. Barber, the worthy clerk of the peace (applause).

MR. BARBER said that whatever merit might be due to the Committee, he was sure that if those gentlemen were present they would decline to receive any praise for the excellent management of the institution, which was mainly due to Dr. Hitchman himself, (applause). The Committee considered themselves most fortunate in having appointed a gentleman of such eminent abilities and requisite qualifications for the post; and he (Mr. B.) trusted that Dr. Hitchman would long live to devote his services to the cause of humanity, (applause).

The CHAIRMAN then proposed "The Press."

MR. ADAMS responded; and the proceedings, which were of an interesting character from first to last, were brought to a close.

C. L. R.

Tenth Report of the Commissioners in Lunacy to the Lord Chancellor.

(Ordered by the House of Commons to be printed, June 5th, 1856.)

The Lunacy Blue Book of 1856 is business-like and brief, and contains no bulky appendices. The first paragraph notices the vacancies which have occurred in the commission by the resignation of Dr. Turner and the death of Mr. Mylne, and "the high sense" which the Commissioners "entertain of their long and meritorious services."

The changes which have taken place in the licenses and proprietorships of licensed houses are no longer embodied in the report, but are set forth in an appendix. Our readers will be gratified to observe that all the *new* licenses have been granted to medical men. Ladies, it is true, still figure in four of the changes of proprietorship, but in three of these instances, they are the widows of the late proprietors. At Walton lodge only the license has been transferred to Miss Eliza Squires. From these facts we gather that the evil of lady speculators in insanity is in process of cure. We say lady *speculators* advisedly, for ladies licensed to keep houses for the treatment of the insane can only be regarded as such. If insanity is a disease requiring medical treatment, ladies cannot legally or properly undertake that treatment. They are in a widely different position to medical men, who in the treatment of a special class of diseases are compelled by the law to take a license for the detention of their patients. Physicians or surgeons to whom licenses are granted are not necessarily more speculative in the maladies of their patients than any other class of medical men who invest money in their professional pursuits. The difference of position arises from the fact, that from the peculiar nature of the disease they are not medical attendants only, but also the custodians of their patients. Interference with the liberty of the subject demands the authority and surveillance of the State; and hence the need of a license. But with laymen and ladies the medical treatment of insanity is out of the question, and a license granted to them becomes merely a permission to speculate upon the profits of their maintenance. It is a remnant of the olden times when safe custody was everything, and medical treatment deemed absurd, or even an interference with the decrees of Providence; a remnant, however, of which we hope soon to see the last rag abolished. It may at first sight appear reasonable and just that upon the decease of

a medical man who has invested much of his capital in purchasing or establishing a licensed house, his widow, or even his daughter should have the advantage thereof by transference of the license. But if as a rule lady licensees are objectionable, the fact of medical relationship cannot remove the objection. When a medical man in private practice pays the debt of nature, his widow is compelled to dispose of his interests on the best terms she can make. The license and proprietorship of a good private asylum is a very marketable commodity, and will always readily obtain a medical purchaser. If the public interests demand, as we hold they do, that all establishments for the treatment of the insane should be in the hands of medical men, private interests ought to give way. If private interests in such an important matter are to override public ones, the widow of a clergyman ought on the same principle to hold the rectory of her departed husband, and manage the parochial duties by means of curates.

Various plans for alterations, additions, and improvements of county asylums are reported, among others, the addition of land at Essex and Dorset, and the purchase of sites for new county asylums, in Cumberland and Westmoreland jointly, in Durham and in Sussex.

The selection of the site for the joint counties of Glamorgan, Caermarthen, Cardigan, and Pembroke, has caused a difficulty. A site near Swansea was purchased in 1851. It had been reported upon to the Commissioners in glowing terms as every thing that could be desired, in position, foundation, water, aspect, view, etc. In 1852, Mr. C. Pennant memorialized the Home Office against the site, on account of its great insalubrity, and the medical inspector of the board of health was sent to see. He found Mr. Pennant's objections valid, and the reported site such as could not be approved, on sanitary principles. To enable the visitors to get rid of the objectionable site, a clause was inserted in the asylums act of 1853. The visitors, however, have taken no steps to obtain another site. The Commissioners report that the existing accommodation for the lunatic paupers is utterly inadequate to their wants, and is not of a satisfactory or creditable kind, and they express their opinion "that steps ought to be taken for the purpose of ensuring such accommodation without delay."

It is evident from these circumstances, and from a similar difficulty which occurred in Cumberland, that in so important a matter as the selection of a site for a county asylum, the reports of county surveyors, and the judgment of county

magistrates is not always to be depended upon. The law places the ultimate decision in the hands of the Commissioners, they have sometimes decided upon reports which have not proved trustworthy. It is easier and certainly more satisfactory to found an opinion upon an inspection, than upon a report which is but the expression of another man's opinion; and one cannot avoid the reflection that the asylum's act would have been more complete, if it had required the personal inspection of some of the Commissioners in Lunacy, before the approval of their board was given to the site of any county asylum.

The lunatic poor of boroughs continue to give the Commissioners much trouble and anxiety. This time the complaint is not on the condition of the borough asylums, or indeed on the actual state of the borough lunatics, but on their location. Few boroughs are sufficiently large to maintain a well-appointed asylum, and the Commissioners earnestly desire that the insane poor of all other boroughs should be placed in county asylums. We admit to the fullest extent the soundness of their views, and we heartily wish them success in their endeavours to obtain their adoption. We cannot, however, entirely agree with the Commissioners as to the grounds upon which their conclusion is arrived at. They place the greatest, almost exclusive stress, upon the *distance* to which borough lunatics are removed from their homes and their friends by the preference given by boards of guardians to licensed houses in London, over county asylums. Now this argument is weak and narrow; for a journey to London in a parliamentary train, will often cost the relative of a poor lunatic much less in money and in time than a journey of one-third the distance across country on foot, or in a carrier's wagon. Moreover, this argument may be reversed; for should a licensed house be established nearer to any borough than the county asylum, on the reasoning of the Commissioners, the guardians may prefer the former.

In the county where we write, this is actually the case. The pauper lunatics belonging to the borough of Plymouth, are sent to a licensed house within four or five miles of Plymouth. The Commissioners, however, have strongly and urgently recommended that they should be removed from thence and placed in the county asylum, which is about fifty miles from Plymouth. The argument used by the Commissioners for placing the Portsmouth patients in the Hampshire asylum instead of Camberwell house, on account of distance alone, cuts with the Plymouth patients exactly the other way.

The Commissioners cannot object to the kind of care and treatment which borough lunatics receive in the licensed houses of the Metropolitan district, for they possess absolute power over the management of these houses, and the treatment of the borough lunatics confined therein must be presumed to be such as they are satisfied with. We do not therefore think that the distance of these houses from the boroughs, or the kind of treatment they provide, can be made the base of any valid objection to the continuance of the present system. We place our own objection upon the broad principle that the public lunatic ought always to be confined in a public asylum, because the act of his incarceration is the act of the community, and because the funds for his support are supplied from the public purse. It is the universal practice in this country, that all important acts of the community should be carried out by public and official instrumentality. It is thought right and expedient to do so. There may be no reason in the nature of things, why our taxes should not be farmed, as they were of old in France; why our debtors should not be privately imprisoned, as they were in the sponging houses of the last century; or why we should not privately employ Mr. Field, instead of a police force, to catch our rogues. But it has been thought right to do otherwise. It has, moreover, been thought right to remove by law the custody of the insane poor of counties, from the proprietors of private houses to public asylums. It cannot be right, therefore, or at least it cannot be consistent, to continue to the guardians of borough parishes, power to farm out their insane poor in licensed houses, and to permit them to expend public funds in an irregular manner, which they may think economical, but which persons with deeper insight and larger experience, may think far otherwise.

It has been proved beyond question or doubt, that as a rule, the welfare of the insane poor cannot be safely entrusted to *economical* arrangements made between the rate-payers or guardians, and the proprietors of private asylums. The fact has been recognised again and again in the statutes which enjoin the creation of public asylums, and which remove the control of the insane poor from the immediate representatives of the rate-payers to the magistracy, who represent the permanent property and the most highly educated classes of the community. On this broad principle, and on this alone, can the Commissioners demand that the insane poor of boroughs shall, without delay, be provided for in public asylums.

But if this conclusion seems inevitable, since all parties

arrive at it, though by different routes, how does it happen that a large number of boroughs persist in sending their lunatic poor to private asylums? The Commissioners state the fact that in many instances, the visitors of county asylums have declined to unite with boroughs in the manner provided by the statute; and that in other instances, the guardians of borough parishes have declined to enter into contract for the maintenance of their insane poor in county asylums. The provisions of the statute are excellent on paper; but in practice they are not found to work well. Nothing could apparently be more natural than that the authorities of a borough should unite with those of the neighbouring county for a common purpose of such public utility. Accordingly, the statute provides for the apportionment of expenses, and for the government of the joint asylum, by a mixed board of county and borough magistrates. Nothing could be more just or reasonable. But, unfortunately, the framers of the statute thought more of the needs of the lunatic and of the legal forms whereby they might be cured, than of the state of society in which these forms were to be valid. They did not estimate the probability of the many-acred magnates who manage the affairs of our counties, sitting down on terms of equality and contentment, with the worthy burgesses who sit upon the bench of borough guildhalls. They did not think that in these days of advanced civilization, the class feeling between town and country was as strong as between the knights and burghers of olden time. This feeling may be very absurd, it may even be very wrong, but there can be no doubt that it exists. The proud owner of a wide *terrain*, who has learnt his humanities at Eton and Oxford, will not associate on terms of equality with the most wealthy and distinguished members of the *plebs* of his county town. If he does appear at the board of the town and county hospital or infirmary, it is on some occasion of rare and great importance, or at least it is to act as president of the board of townspeople.

The country gentlemen therefore are not anxious that the town should amalgamate with the country, in order that the former may have the advantages of a public asylum for its insane poor, if such an amalgamation is to take place at the cost of having a mixed board. Nor would such mixed boards advance the interests, or promote the good government of asylums. The board rooms of many county asylums are to some extent popular places of resort to country gentlemen. As a rule, though not without exception, the latter conduct the affairs of asylums with the greatest ability, integrity, and good

feeling. Add to this goodly company of rural *αριστοι* five or six tradesmen from the neighbouring town, and the whole aspect of affairs would be changed. It would thenceforth be a mixed company; and every one knows what that is. A few of the country gentlemen would still attend the meetings, in order that the interests of the county might not be neglected, and to check the jobbing propensities of the townspeople; but not because they liked it. Their attendance would be an irksome, and not an agreeable duty. Irksome duties are badly done, and the interests of the asylum would suffer. They would be liable also to suffer from another cause: from the efforts of the town magistrates to benefit their town at the expense of the county. This supposition is no fancy; it is founded upon the actual experience of joint asylums, in which the town magistrates have been found to prefer the interests of the town to that of the asylum; for instance, they have insisted upon goods of all kinds being procured from their friends in the town, when they could have been procured far more advantageously elsewhere. In the election of officers, and the choice of servants, they have allowed themselves to prefer and to support an inferior townsman. In not a few of the smaller borough towns, not an appointment is made, or a shilling expended without reference to the claims of persons, or of party. It is natural that country gentlemen should shrink from the introduction of such influences into the institutions which the law has placed under their control, and to the funds of which they contribute largely; institutions which are large and prosperous, without the addition of the boroughs; institutions which already work so well, that any interference with their management would not be likely to prove advantageous.

But there is another arrangement by which the insane poor of boroughs may participate in the benefits of county asylums, namely, by the guardians entering into a contract with the visiting justices for their maintenance. This plan has been adopted in many instances, and has worked well. It appears however, from the report of the Commissioners, that the guardians of many boroughs refuse to enter into such contracts; their ostensible reason being the greater economy of other arrangements. Possibly, the guardians are mistaken as to this economy. Possibly they know that it is more apparent than real, and that clothing, travelling, and other expenses, bring the charges in licensed houses to the full sum demanded in county asylums. But there is a reason not referred to in the report why the guardians of borough parishes are not always eager to enter into these contracts. So long as their

insane poor are placed in licensed houses, the whole control remains in the hands of the guardians; they send to, or remove from, the licensed house whomsoever they think fit; and visits of inspection are made by themselves. But as soon as a contract is made with a county asylum, the visitation and control is taken out of the hands of the guardians, and placed in those of the magistracy. The contract once made, a borough patient can be sent to the county asylum by any borough magistrate; but once placed there, he cannot be removed at the will and pleasure of the guardians, or even of the magistrate who sent him; he can only be discharged by the visitors of the asylum. The guardians have thenceforth nothing to do but to find the funds for the payment of the bills. Now the guardians of borough parishes are a different class of persons and conduct their affairs in a different manner to the guardians of rural unions. They make eloquent speeches to be reported in the weekly press. Heaven forbid that we should speak disrespectfully of the weekly newspapers; but this one thing may fairly be laid to their charge, that when they report business meetings like those of guardians, they encourage much vain babble, and they greatly impede the transaction of business. Guardians who figure eloquently in the columns of *The Weissnichtwo Argus*, are men who stand upon their dignity, and who do not relish the loss of power, even over lunatics, and the funds to maintain them. Therefore, the guardians of many small boroughs are not anxious to contract for the maintenance of their patients in pauper asylums; and therefore also the visitors of asylums are not always anxious even to enter into contracts for maintenance. Invariably, there is more of talk and ink shed about two or three dozens of borough lunatics than about as many hundreds from rural unions. Doubtless, the visitors of the Suffolk asylum know this; but in our opinion, they ought not to care for it, or for any other objection, not insuperable to the admission of the Ipswich patients. After all, borough magistrates and eloquent guardians, and county *Argus's* and Examiners are but accessories more or less troublesome. The lunatic poor are the real objects to be considered, and whether they come from borough or from county, their wants appeal to the deepest sympathies of the humane, and to the most earnest attention of the wise and considerate. We hold it to be the bounden duty of the visitors of public asylums, to provide for the care and treatment of *all* the insane poor for whom they can do so without disadvantage to the interests of their institution, and its aboriginal inmates. The benefits of an asylum are, in a great

degree, measured by the numbers who partake thereof, and a county asylum which receives an accession to its numbers of twenty or thirty per cent. by the admission of borough patients, adds thereby twenty or thirty per cent. to the amount of its usefulness.

We do not think that joint asylums with mixed boards of county and borough magistrates are desirable. The system of admission by contract is far preferable. The statute however requires great modification to render this system efficient. To overcome the difficulties which are giving so much trouble and anxiety to the Commissioners, it will be essential to transfer all control over contracts for the insane from the guardians to the magistrates. We believe that this simple change would overcome the difficulty in the greater number of cases, especially if the Commissioners would recommend some just and uniform system, upon which the contracts should be made. In cases of absolute necessity, the Secretary of State should have power to compel a contract upon equitable arrangements. He can already compel a county or a borough to build an asylum; and as the less contains the greater, he ought to be able to compel a county to build a ward, or a borough to occupy one, to ignore the borough dignity, and, for the sake of its insane poor, to treat it like any rural union.

For the sake of the insane poor the separate jurisdiction of town and county must be ignored; but the separate levy of taxes cannot be. The town does not pay to the county rate, from which the building has been erected. Equitable arrangements however are easy enough where there is the will to make them. The arrangement made by the Visitors of the Devon county asylum with the several boroughs of Exeter, Plymouth, Barnstaple, Bideford, Dartmouth, Southmolton, and Tiverton, etc., appear to be unexceptionably simple and just. The whole cost of the building divided by the whole number of patients, gives 3s. 6d. a week to each patient as *rent charge*. This *fixed* sum is charged upon all patients from boroughs not paying county rates, in addition to the charge for care and maintenance, which varies with the price of provisions, etc., and for which an equal charge is made upon all patients, whether from borough or county. Thus if the charge for maintenance on county patients is 9s. a week, the charge to borough patients is 12s. 6d. If the maintenance charge falls to 8s. 6d., the charge to borough patients is 12s. The 3s. 6d. a week, paid as rent charge by borough

patients, is appropriated as a building and repair fund; a plan which certainly appears more just, and is greatly more convenient than its absorption into the maintenance fund. We think this simple and perfectly equitable arrangement well worthy of imitation.

A singular neglect of legal formalities appears to have taken place, in the removal of the idiots from Highgate to the new asylum at Earlwood, Reigate. The house was not registered as a hospital. No intimation of the intended removal was given to the Commissioners, and the secretary, Dr. Reed, answered the letter of enquiry sent by the Commissioners without the authority of the committee of the asylum. It is to be regretted that this new institution opens with an altercation.

The defects and evils of many of the provincial licensed houses are reported upon in energetic terms. It appears that in many of them, mechanical restraint is yet freely used.

The practice of recommending the removal of patients from one licensed house to another, is still continued by the Commissioners, upon the following grounds:—

“Independently of the benefit likely to arise from a different method of medical and moral treatment, it is found that the mere change of scene has invariably a tendency to interest the patient, dissociating him from those objects in connexion with which his malady had continued, or perhaps increased, and placing him under the influence of new impressions, with all their attendant good consequences. Even in cases where the patient has not been removed pursuant to the recommendation, our interference has had the effect of attracting more attention to his case, and occasionally of inducing the adoption of remedies not previously resorted to, and has thus tended materially to his advantage.”

Three instances are given, “for the purpose of exemplifying the benefits likely to accrue from the extension of this practice.” Of the benefits derived in the following instance there can be no doubt.

“A. L., who has been for some time a resident in the York lunatic hospital, was removed to the lunatic hospital at Lincoln. At the former establishment she was considered unmanageable without mechanical coercion, and she was accordingly placed very frequently under restraint. On her arrival at Lincoln, she was occasionally excitable, but no mechanical restraint was imposed. According to the Report laid before us, she soon after her removal, tore her dress, and had “a good many other mischievous tricks, which are often observed in patients who have been under mechanical restraint.” In the course of about a month, however, under the combined “system of liberty and exercise,” she became quiet; in three months she was allowed to walk beyond the limits of the hospital premises; subsequently she went to her sister’s house on trial (under the 86th section of the Act); and was finally discharged recovered, without having ever suffered a relapse.”

It would, however, be unjust to the medical man from whose care the patients are removed, to attribute the want

of success in all instances to the want of skill in treatment. Every one knows that mere change of scene and circumstance frequently produces the most marked improvement in the mental state of the insane. Unfortunately this improvement is often but temporary. One of the medical men, from whose care one of the three patients instanced by the Commissioners was removed, has assured us, that the improvement of his late patient was of short duration, and that at the present time his condition is quite as bad as before, and he complains that an invidious distinction has thus been made between the treatment in his asylum, and in that of a professional brother. If this be so, it is unfortunate that a more satisfactory example was not selected. We entirely agree however with the propriety and wisdom of the practice of changing patients from asylum to asylum, if it is directed with discretion and fairness. Every mental physician meets with patients whom he finds it impossible to influence beneficially, but with whom other physicians succeed. Under such circumstances it is a good and wise practice to change not only the treatment, but the doctor. The more fully it is admitted that the care and treatment of the insane is a part of the medical art, the less will insane patients be considered in the light of profitable boarders, and the more readily will their medical attendants consent to, and even promote the changes under consideration.

The Commissioners propose to bring under the Lord Chancellor's notice, in their next report, "the arrangements made for the care and treatment of paupers of unsound mind not in asylums," "with a view to a practical remedy for an increasing evil."

To make further provision for the increasing numbers of the insane poor in asylums, the Commissioners state, that they have given their attention to the most economical architectural arrangements, and that it has occurred to them, that by the adoption of proper principles, asylums may be built at a much smaller cost than heretofore. They have consequently revised their "papers of suggestions to architects," and have repealed their *veto* against a third story. They also recommend the substitution of narrow passages on the upper floors for wide corridors; the introduction of open fire places or fire stoves, "in substitution for the artificial, complicated, and expensive system of warming and ventilation now in use, which entails much annual expense, besides the large original outlay, without any corresponding benefit;" and they recommend "that airing grounds be few in number,

and ample in extent." By adopting these principles, they believe, that the committee of the Sussex asylum will "provide a suitable building, at a cost much below that usually incurred in the erection of county asylums." The maxim of "better late than never," is a good one, but it is to be regretted that the Commissioners have not found out the great advantages of economy at an earlier period, and before almost all the county asylums have been completed on the expensive principles of construction hitherto insisted upon.

The honourable board supported their third story *veto* until it brought them into collision with the powerful and obstinate magistracy of Middlesex. Macaulay tells us that William III., of great and glorious memory, was particularly brilliant in his retreats. If Luxemburg beat him ever so much, he hardly knew the fact, and derived little or no advantage from it. It is thus that the Commissioners yield their third story fortress with exultation, and all the glories of success.

We are sure, that if the Commissioners take the trouble to read these remarks, they will pardon the innocent banter with which we sometimes refresh ourselves. We are *bipes implumis risibilis*, and cannot help it. But, we say in all seriousness, that in our opinion the public has no servants who discharge their duties with more impartiality, fidelity, and earnestness, than the boards of lunacy in this country and in Ireland, and that the welfare of the insane of all classes has been promoted by the humanity and devotion of the noble Chairman of the English board, to a degree which renders the present comfort and comparative happiness of the English lunatic one of the brightest ornaments in the proud chaplet of philanthropic exertion and success, which consecrates the name of Ashley to the suffering millions of our race.

We shall conclude our remarks by quoting the reasons which lead the Commissioners to recommend, for orderly and convalescing cases, the construction of apartments, detached from the main building of asylums, as being more simple and economical than additions to the main structure.

"In addition to the saving of cost and time obtained by adopting the plan we now recommend, we have the best reason for believing that the patients derive a direct benefit, in many ways, from residing in cheerful airy apartments detached from the main building, and associated with officials engaged in conducting industrial pursuits. A consciousness that he is useful, and thought worthy of confidence, is necessarily induced in the mind of every patient, by removal from the ordinary wards where certain restrictions are enforced, into a

department where he enjoys a comparative degree of freedom; and this necessarily promotes self-respect and self-control, and proves highly salutary in forwarding the patient's restoration. As a means of treatment, we consider this species of separate residence of the utmost importance, constituting in fact a probationary system for patients who are convalescing; giving them greater liberty of action, extended exercise, with facilities for occupation; and thus generating self-confidence, and becoming not only excellent tests of the sanity of the patient, but operating powerfully to promote a satisfactory cure."

"The want of such an intermediate place of residence is always much felt; and it often happens, that a patient just recovered from an attack of insanity, and sent into the world direct from a large asylum, is found so unprepared to meet the trials he has to undergo, by any previous use of his mental faculties, that he soon relapses, and is under the necessity of being again returned within its walls."

In these views we fully concur. We think, however, that it will not be always found desirable to impart to these detached buildings the strongly marked industrial character assigned to them in the report. Quiet and convalescing patients would not always, or often, be the patients whom a judicious superintendent would place in a washhouse ward. With this proviso we heartily approve the recommendations of the Commissioners.

The following is a summary of statistics of the insane in the asylums in England, on the first of January, 1856.

	Found Lunatic by Inquisition			Criminals			Chargeable to Counties or Boroughs		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Asylums	10	2	12	185	65	250	469	531	1000
Hospitals	15	14	29	85	20	105	—	—	—
Metropolitan Licensed Houses	57	39	96	22	8	30	25	57	82
Provincial Licensed Houses	71	44	115	146	28	174	63	45	108
	153	99	252	438	121	559	557	633	1190

	Private			Pauper			Total Males	Total Females	Total Lunatics
	M.	F.	Total	M.	F.	Total			
Asylums	132	118	250	6066	7407	13573	6298	7525	13823
Hospitals	703	743	1446	88	94	182	791	837	1628
Metropolitan Licensed Houses	637	603	1240	468	883	1351	1105	1486	2591
Provincial Licensed Houses	771	735	1506	615	480	1095	1386	1215	2601
	2243	2199	4442	7337	8864	16201	9580	11063	20643
Royal Naval Ho.	121	.	121	.	.	.	121	.	121
	2364	2199	4563	7337	8864	16201	9701	11063	20764

J. C. B.

"Report on Insanity and Idiocy in Massachusetts, by the Commission on Lunacy, under Resolve of the Legislature of 1855."

It is at once a pleasing and an instructive occupation to direct the attention of our fellow associates, to the endeavours which are being made in the United States of America, towards the amelioration of the insane. We know too well the zeal and enthusiasm of our cousins across the broad Atlantic, to doubt that they would hesitate to adopt either the advice or the example of men like Pinel, Hill, and Conolly; and more especially so when the question involved is one not only of science, but of humanity. The "Report," the title of which heads these remarks, is a guarantee that the descendants of a Washington and a Franklin have not only not degenerated, but that they, like their Saxon progenitors, are at this time well and profitably occupied in the cause of the lunatic.

The "*Commissioners*" appointed "under the resolve of the Legislature of 1854," were required

1st. "To ascertain the number and condition of the insane in the State, distinguishing, as accurately as may be between the insane, properly so considered, and the idiotic or *non compos*; between the furious and the harmless, curable and incurable, and between the native and the foreigner, and the number of each who are state paupers."

2nd. "To examine into the present condition of the hospitals of the State for the insane, and see what number of patients can properly, with due regard to their comfort and improvement, be accommodated in the said hospitals."

3rd. "To see what further accommodations, if any, are needed, for the relief and cure of the insane."

4th. "And, generally, to examine and report the best and most approved plans for the management of the insane, so far as the size of the character of hospitals, and the number of patients proper to be under one supervision, are concerned."

5th. "To examine into the present condition of the State Lunatic Hospital at Worcester, and ascertain what kind and amount of repairs are needed, and at what probable cost, and consider the expediency of disposing of the said hospital and the lands connected therewith, or any part thereof, and of recommending a site for the erection of a new hospital or hospitals."

6th. "To report the estimated proceeds of the sale of the present hospital, and the grounds therewith connected at Worcester, if they deem such a sale desirable."

7th. "To accompany their report with plans, specifications, and estimates of cost of any new hospital which they may recommend."

A singular feature in the Massachusetts inquiry, and one which involves a degree of accuracy which would seem to throw all former reports of a similar kind into the shade is, that the Commissioners "determined to address every physician in the state, asking each one to give information relative to the persons and condition of all the lunatics and idiots within his knowledge." "They sent a lithograph letter, stating the several objects of the inquiry, and enclosed a printed schedule, or form of return, which contained all the heads under which the answers were to be recorded. They asked for the name, sex, colour, age, country of birth, whether single, married, or widowed, whether lunatic or idiot, present and usual condition, whether mild, manageable, troublesome, excitable, furious, or dangerous, whether subject for a hospital or not, length of disease, if periodical, the number of attacks, whether curable or not, whether the remedial influences of any hospital had ever been tried for restoration, where resident if not in the town of the reporter, and whether State or town pauper, or independent."

In comparing their own report with that of "the British Lunatic Commissioners," the Commissioners of the "*Commonwealth of Massachusetts*," remark thus: "The census of Great Britain for 1851, gives only the pauper insane and idiots, and those who are within the several public and private licensed lunatic asylums, and omits all others; and the ratio of *these* to the whole population is given." "In 1844, the British Lunatic Commissioners, in a report of great value on the state and progress of lunacy in England and Wales, made an elaborate statement of the number of lunatics within the kingdom; but this included only the paupers and the patients in all kinds of public and private establishments for them, and those others who were not paupers, but under commission, that is, under the guardianship of the Lord Chancellor." This report did not "include a considerable class of insane persons of all ranks of life under the care of guardians and relations;" and, of course, all those who were not paupers, and who were at their homes, or boarding with friends or in private families, were omitted. We cannot doubt that if in this country arrangements were made to

obtain a corresponding accuracy to that realised at Massachusetts, much good would result. Not only would the *State* be informed of the *bona-fidé* numbers of insane persons at present residing with their friends or relatives, or living under the care of private medical practitioners and others, but, if we mistake not, manifest and good reasons would appear for devising some means or other for securing a degree of surveillance to all such patients. No one can doubt that there are some persons of unsound mind in all classes of society, who would do better, on being sent from their homes and from among their friends and relatives, as boarders in a quiet and well-regulated family, where they would be subjected to wholesome and judicious restraining influences, to the presence of strange faces and new associations, &c., than as inmates in the private or public asylum; and such being the case, we would insist on the importance, the positive desirability of securing to all such patients a proper care and supervision, apart from whatsoever of either shall be bestowed by the head of such "family," be he physician, surgeon, or what not. Probably, the *Commissioners in Lunacy* might one day see fit thus far to extend their care and protection of insane persons. Of course the Commissioners cannot, of themselves, be expected to visit individual patients so placed—their labours even now are too heavy—but probably the Poor-law medical officers could be pressed into the service, and deputed to make certain periodical returns of the state, accommodation, &c., &c., of the insane living or lodging in their respective districts.

Some such plan would seem, at this time, more than ever needed, because there is an evident tendency on the part of certain visitors, and even Commissioners, to send patients from asylums to private houses; *i.e.*, to remove them from the responsible care of the proprietor or accomplished medical superintendent of the licensed asylum, to the irresponsible care of the inexperienced occupier of the unlicensed dwelling. However, whilst granting that there *are* some lunatics better adapted, from the peculiarities of the disorder which afflicts them, to a private household, yet is it certain that the majority of the insane derive the most relief from the treatment found for them in the ordinary asylum, private or public. This is an important fact, and all persons will do well to bear it in mind; it is proved inferentially, by the report before us. Referring to certain tables, designed to shew "the calculated population and the number of lunatics, distinguishing the independent from the pauper, the native

from the foreigner, those at home from those in hospitals, receptacles, &c., and the curable from the incurable," it is remarked, that "of the independent lunatics, twenty-six who were furious, and two hundred and nine excitable and troublesome, and three hundred and twenty three who should be in hospital, were kept at their homes, and that all of the three hundred and ninety-four—but *four*—who were in hospitals, were proper subjects for their care."

It follows, then, that but "*four*" patients out of 394, whose cases were duly examined into, should have been at home, or in a private household. Again, at page 69 are these words: "Notwithstanding the very great probability of recovery in the early stages of insanity, approaching nearer to a certainty than the cure of fevers, dysenteries, pneumonia, or other diseases which are never neglected; and notwithstanding the almost certain incurability of the malady, if allowed to pass over several years, there are found in the State 840 lunatics who have never been in any hospital, and probably," therefore "have never enjoyed the recognised means of recovery."

The annexed observations on the "*necessity of unusual means for the cure of insanity*," are much too valuable to be passed needlessly by, viz.:

"As the disordered stomach cannot ordinarily bear the common food that others in health enjoy and digest, but needs some change of diet in order to be restored, so the deranged mind is generally troubled by the common ideas and thoughts which it found agreeable when in health, and cannot regain its former tone unless a different set of ideas is presented to it.

"The associates and the scenes of home, the common affairs of the family, and neighbourhood and business amidst which the mind became disturbed, furnish most of the ideas and suggest most of the thoughts to those who are among them; and therefore, if an insane person is to be relieved of the thoughts and ideas that troubled him, and have a change in his mental action, he must be removed from his home and friends, and have a change in his associates, and in the objects of his attention and interest.

"Men of disordered mind, when they need a change of air or scene, cannot go to an hotel, a boarding-house, or even a friend's private house, as those can who are merely invalids in body. They require more caution, forbearance, and oversight, and many of them are annoying to those who are about them. They must, therefore, go to houses, places, or people

devoted to their care, and prepared to give them the needful attention and watchfulness."

Where, we would inquire, are "*men of disordered mind*" the most likely to find "*houses*," "*places*," and "*people*," both inclined and competent to minister to their wants, and promote their well-doing, but at the private or public asylums? at either of which they enjoy the high privilege of the surveillance of both Visitors and Commissioners, and the immediate care and attention of a medical adviser, whose interest it is to restore them to health, and to send them back to the bosom of their families, or the society of their friends.

The native population of Massachusetts, we are told, was in 1854, 894,676; of which total, one in every four hundred and forty five persons was found to be insane; but the foreign population was 230,000; and of this total, one in every three hundred and sixty eight persons was seen to be afflicted with lunacy. "It would seem from this," write the Commissioners, "either that our foreign population are prone to insanity, or their habits and trials, their experiences and privations, and the circumstances which surround them, and the climate of this country are more unfavourable to their mental health than to that of the natives."

The few preceding remarks open up a highly important matter, viz., the connection of poverty with lunacy; and from the report before us, we learn that at Massachusetts, as in Great Britain, the pauper class furnishes, in ratio of its numbers, a much larger proportion of cases of insanity than "the independent class;" thus "the whole number of permanent and temporary paupers who were relieved or supported from the public treasury in Massachusetts, during the last year, was 23,125. At the same time, the calculated population of the State was 1,124,676; of whom 1,102,551 were independent and self-supporting. These are in the ratio of one to forty-seven; whereas the lunatics are in the ratio of 72.9 independent to 100 paupers. Comparing these ratios, we find that the pauper class furnishes, in ratio of its numbers, sixty-four times as many cases of insanity, as the independent class." If this be true, it is most clear that "*poverty is not a single fact of an empty purse, but involves in various degrees the whole man, and presents as many facts as there are elements of our nature that can be depreciated or perverted.*" Insanity is then, a part and parcel of poverty, and wherever that involves any considerable number of persons, this disease is manifested.—(See Report.)

The preceding views are highly important, and there would seem much reason to conclude, that if we would check or diminish the increasing numbers of insane paupers throughout even this country, much additional attention must be given to the various means whereby the *physique* of the lower classes may be improved.

A recent writer on insanity has these words; and inasmuch as they corroborate the judgment of our transatlantic brethren, no apology is needed for their quotation in this place:—"In considering the various sources (*i.e.*, origin) of mental disorder, we have hitherto dwelt too exclusively on the *proximate*; the *remote* causes of insanity, though of the first consideration and importance, are not sufficiently considered. It may seem strange to some to speak of the social position or domestic relations of a people as a cause of so direful a malady as that which now engages our attention; but an exact acquaintance with the constitution of man in relation to external objects, will satisfy you that the subject is one which cannot be overlooked by the medical philosopher. The essential and first cause of insanity, as of scrofula or consumption, may commonly be traced to the attendant circumstances of poverty, the persistence of which is attended with a certain yet undefined disintegration of the nerve-tissue, which is, in the first place, most probably made manifest in the ganglionic nerve structure, and afterwards, and as a consequence, in the cerebro-spinal organism."

"Poverty is, in itself, not unfrequently a mere psychical condition of being; an external sign of an internal and mental defect on the part of the sufferer. The long operation of depressing agents on many of those in the lower walks of life, robs them of the *power* of exertion. Their mental and moral natures are bound down by the weight of misfortune, their nervous energies are broken; they thus realise a species of psychical abstraction akin to imbecility, which is altogether foreign to habits of exertion, and alien to industrious pursuits. Such a state of being occurring to the once healthy parent, developes in his offspring the hereditary tendency to alienation."* Whilst on this subject, we may very properly refer to the common occurrence of insanity among the inmates of our union houses; we very much fear that if an inquiry were set on foot to ascertain the cause of this, it would demonstrate not only the inhumanity, but the very doubtful economy which characterises, as a too general rule,

* See "Lectures on Insanity," by J. G. Davey, M.D., delivered at the Bristol Medical School, in 1855.

the management of such establishments. Doubtless many a guardian of the poor would modify his ideas of retrenchment very considerably, and direct his earnestness into another channel, if he supposed that his exaggerated economy helped but to increase the number of lunatic paupers, and thereby augment the poors' rates. But it is shewn in the report before us from Massachusetts, that pauperism and lunacy are very closely allied ; that in point of fact, they stand in relation to each other as cause and effect. If then the populous county of Middlesex, for example sake, shall be saved the enormous cost attending the erection of some half-dozen more asylums for its pauper insane, let there be no time lost, by those in power and responsible for its temporal matters and interests, in drawing the attention of the numerous guardians of its overwhelming poorer classes to the fact here insisted on, and so ably and impartially recorded in the "*Report of the Insane*," which now occupies our attention. At page 54, are these words, viz., "a careful examination of the causes of poverty and lunacy, and of the character, and condition, and health of the poor, would lead to the inference that there would be an excess of lunacy among them." And at page 56, it is remarked, "whatever depreciates the vital energies, lowers the tone of the muscles, and diminishes the physical force, and lessens thereby the power of labour and of production ; it also lowers the tone of the brain, and the capacity for self-management. In this state the cerebral organ struggles, and may be deranged ; consequently we find in the hospital records, that ill-health is one of the most commonly assigned causes of insanity. It has its first depressing effects on the energy of physical action and the soundness of the judgment in worldly affairs, and next on the power and discipline of the mental faculties."

If additional evidence were required to sustain the foregoing assertion, we would cite that of the accomplished author of "*MORAL PHILOSOPHY ; OR, DUTIES OF MAN*," viz., Mr. George Combe ; whose exertions in the cause of truth and civilisation are not yet appreciated as they will ere long be. Mr. Combe says, "The causes of that degree of poverty which amounts to destitution, are great defects in the body or *mind* of the individuals who fall into this condition, or in both." . . . "The most numerous class of destitute poor is that which springs from deficiency of size or quality in the brain, or in the intellectual region of it, not amounting to idiocy, but occasioning so much mental weakness, that the individuals are not *capable* of maintaining their place in

the grand struggle of social existence." "So long as society shall neglect the causes of poverty, and omit to remove them, and so long as they shall confine their main efforts to make cheap contracts for supporting the poor, so long will they have a constant succession of poor to maintain. Nay, there is a great tendency in their proceedings, to foster the growth of the very poverty which so grievously distresses them. I have said that the children in the charity-work-houses have generally low temperaments and inferior brains. Now, these qualities are the great parents of poverty. To prevent these children, therefore, from becoming paupers when they shall fall into the decline of life, and from rearing an inferior race, also bordering on pauperism, it would be necessary to improve, by every possible means, their defective organization. This can be done only by supplying them with nutritious diet, and paying the utmost attention to their physical and mental training. By the present system, they are fed on the poorest fare, and their training is very imperfectly conducted. They look dull, inert, heavy, and lymphatic; and are not fortified so much as they might be, against the imperfections of their natural constitutions. In feeding paupers with the most moderate quantities of the coarsest and cheapest food, means are actually taken to perpetuate the evil; for bad feeding weakens the body and mind, and consequently diminishes the power of individuals to provide for themselves."

Professor Alison, Dr. Kay, and Mr. Tufnell have corroborated the views of Mr. George Combe. It is at once a pleasure and a duty thus to perceive and record the practical and benevolent tendencies of not only our transatlantic fellow-labourers, but of our own gifted countrymen.

It is at Massachusetts as everywhere else; in the several counties of England and Wales, and in Middlesex more particularly, the yearly addition to the list of incurables is becoming a matter of the most serious kind. The fact is well calculated to stimulate our endeavours to secure the very best treatment for the recent cases, and to leave nothing undone that either science or humanity can suggest for their restoration: such would seem desirable, if only on the score of economy. The following few words from the *report* before us are full of meaning, and pregnant with truth; may the lesson they convey be well remembered. We would recommend it to the attention of the Middlesex magistrates; who, more than any other body of gentlemen, having the interests of the pauper insane in their keeping

seem to stand in need of good counsel:—"Even supposing, then, that every case of lunacy was, in its beginning, submitted to the best remedial measures that human skill has yet devised, there would still be some that baffle all effort, and remain unhealed; and there must be a surplus of cases to be supported in their disease during their earthly lives."

"As every year adds to the number of the insane, and will do so until we lead more perfect lives, and learn by a better self-administration to avoid the causes of this disease; and as, in the present state of science, a portion of them will fail of being restored, there will be an annual surplus to be added to the list of incurables. This process has been going on in Massachusetts for years, until there are two thousand and eighteen of those who cannot enjoy the light of reason again on earth. But with all this unavoidable addition to their numbers, they need not amount to the great proportion—more than three-fourths of the whole—that we have now among us."

"A part of the two thousand and eighteen incurables necessarily become so from the nature of their malady. *But another, and perhaps a larger, part become so from the want of early means of restoration.*"

"The time required for the cure of different patients, in different forms or degrees of disease, varies from a few months in most cases, to a few years in extreme cases."

"The question, then, in regard to the curable cases, which constitute three-fourths or nine-tenths of all when attacked, is between the effort and the expenditure needed for their support and the restorative means during the healing process through a few months, or their support during their lives. Between the cost of supporting for a few months, and that of supporting for life, no private economist, and certainly no political economist, or statesman, should hesitate."

"The cost of restoring a lunatic to health, and enjoyment and power of self-sustenance, and of contributing to the support of his family, and also of bearing his part of the burden of the State, is limited, and easily paid in money; the gain is unmeasured. But the cost of life-long lunacy, distressing and oppressive to the friends who have the patient in charge, is immeasurable, and not to be paid in money."

"Humanity would admit of no choice between these; and the State, which is the guardian of the weak and the friendless, should surely not entertain a moment's doubt as to which it should choose."

Whilst the population of Massachusetts is 1,124,676, the number of those of unsound mind is 3,719; and of these, 2,632 are *lunatics*, in the common acceptation of that term, and the remainder, or 1,087, are *idiots*; from which it results "*that there is one lunatic among every four hundred and twenty-seven, and one idiot among every one thousand and thirty-four; and one of either of these classes among every three hundred and two of the people of Massachusetts.*" It appears, too, from the "report" before us, that the majority of the *idiots* are found among the better classes of society. "*It is a noticeable fact, that a larger proportion of the idiots than of the lunatics are of the independent or self-sustaining classes; 60 per cent. of idiots, and only 42 per cent. of the lunatics, are supported by their friends or their own estates.*"

It is with no small satisfaction we perceive that the authorities at Massachusetts are quite satisfied as to the "*disadvantages of large hospitals*" for the insane. We read, "it is the unanimous opinion of the American Association of Medical Superintendents of Insane Asylums, that not more than two hundred and fifty patients should be gathered into one establishment, and that two hundred is a better number." Messrs. Laurie and Armstrong, of London, would, then, do well to re-consider the propriety of their recommendation to congregate "*thousands*" of pauper lunatics under one roof.

No very decided opinion would seem to be entertained in reference to "*separate hospitals for males and females,*" but a decided preference is given to provide for the curable and incurable under one roof. The reasons assigned are thus given: "It is difficult to tell when a case becomes incurable, as some are restored even after several years' duration of disease, and "there is ordinarily an advantage in keeping the two classes together. They have a mutual influence; they aid each other's purposes of residence in the hospital—the restoration of one, and the discipline and comfort of the other. Many of the incurable patients, with some delusions, are mild and manageable in the wards of these institutions. A part of them have considerable, and some much, intelligence. They are, therefore, not unacceptable companions for the more excitable and recent cases, and aid in controlling them. On the other hand, the incurable, seeing the others come diseased and go restored, feel that their malady is not hopeless, and, at least, are induced to make some more effort to overcome their delusions, and to regain their health." Certainly, this may be, perhaps, all very well in an establish-

ment containing but 200 or 250 beds; but on the other hand, where some 1,000 or 1,200 patients are collected under one roof, the aforesaid "*reasons*" are more than counterbalanced by the very palpable objections to the mixing together "*the curable and the incurable insane*," the recent and the chronic cases of lunacy.

With respect to "*separate hospitals for the independent and pauper*," we are glad to find that this is regarded as most desirable. The observations made under the head of "*social distinctions in hospitals*," are of much value, and full of pure and graceful eloquence. (See pp. 145-6.) We would draw the attention of our readers to the few following words: "In Great Britain, the poor are generally ignorant and uncultivated, with no education, and little sensibility. They live in wretched cabins or hovels, or in crowded tenements; they are little used to the comforts, still less to the luxuries and graces of life. The English *paupers* are even lower in the scale than these. Between these and the middle, and the more comfortable classes, there is a wide difference in respect to cultivation and refinement. The latter would enjoy and profit by many comforts or even little luxuries of living, and would be benefited by more abundant and graceful appliances for their care, and many means of occupation and amusement, which would not be beneficial to the others; and therefore the British establishments for paupers need not be so costly and elegant as those for the other classes. When these are brought together, they are subject to the antagonisms and irritations, the retarding and disturbing causes, already described, that interfere with 'the comfort and improvement of the patients,' interrupt the process of recovery, and make the administration of the hospital more difficult and expensive."

The "report" proceeds to show that, inasmuch as the American pauper holds a higher rank in the social scale than the "*aliens*," who resemble the English in character and manners, and who together stand in the relation of "employer and labourer;" and because the feelings of "affinity" in the former, and "aversion" towards the latter, which obtained during health "*are not lost in insanity*," then does there "seem to be good reason for separating the State pauper insane from the others in Massachusetts, and of making distinct provision for their healing and their protection." We cannot agree with such a separation, or "distinct provision," and can only regard such a proceeding as calculated to foster prejudices among the poor in the United States of

America, and create dissension and strife. To put such a scheme into practice, would be to realise the abuse of a good principle ; here, indeed, does the middle course appear the best. A very considerable portion of the "*report*," is devoted to the consideration of "*criminal lunatics*," and their management. The "*Commission on Lunacy*," at Massachusetts, favours the views expressed by the "Commissioners of Lunacy," in Great Britain, to the effect that "*criminal lunatics*," so called, should be provided for in a distinct establishment. For our own part, we cannot altogether agree with the recommendation of the "*report*," to draw so fine a line of demarcation through the masses of insane people ; and on one side of this line to place him whose indications of mental disorder have chanced to assume a dangerous character and on the other side of the same to arraign another whose disease shall have taken an opposite tendency, and because only he has luckily enough escaped the neglect and exposure which prostrates a fellow-sufferer. To recognise the former as "*criminal lunatic*," and the latter as one merely insane ; what is more, to place one "*in a criminal lunatic asylum*," and the other in an ordinary establishment, without so offensive an appellation—we cannot altogether assent.

In spite of all that has been said of late years, about "*criminal lunatics*," and "*criminal lunatic asylums*," we are of opinion that those "*tried and acquitted on the ground of insanity*," cannot, rightly, be designated "*criminal lunatics*;" and that to do so is a manifest injustice, not only to the parties themselves, but to their relatives and friends ; and that, moreover, the *State* would do well to make an especial and distinct provision and accommodation for all those so "*tried and acquitted on the ground of insanity*," to the unconditional exclusion, only, of those "*convicted and sentenced, and subsequently become insane*." The former class may, we think, with all propriety, associate "*with the ordinary inmates of asylums*," both "*as respects the feelings and comforts of other patients*;" and without any objections being raised on the part of their relatives and friends. The latter class should occupy, if not a separate building, at the least, a separate division of the same building. The one may, perhaps, be called "*STATE PATIENTS*," and the other "*INSANE CONVICTS*."

In conclusion, we would advise our readers to lose no time in making themselves acquainted with what is doing in the State of Massachusetts, towards the amelioration of the

insane. The "*report*" just now given to the world, manifests a zeal and perseverance in the good cause, which reflects the greatest credit and the highest honour on our American friends, and on the profession to which we belong. We doubt not that we shall receive yet additional assurances that the cause of the insane, and not less the interests of psychological medicine are progressing. It is evident enough, if only from the report before us, that the good seed has been strewn on an appropriate and rich soil, and relying on the necessary care and vigilance being bestowed on the crop, we look forward, in the fullest hope and confidence to a plentiful and luxuriant harvest.

J. G. D.

Insane Literature.

The remarkable Hudibrastic poem which we subjoin was the production of an insane gentleman, the validity of whose will was tried before Baron Martin, at the late Assize at Winchester. The poem was in the possession both of the plaintiffs and defendants, and it is a curious illustration of the fact, that trials are contentions rather than investigations, that neither side thought it prudent to put it in evidence. It evinces such a remarkable degree of intellectual acuteness and power of language, that the defendants dare not produce it as tending to prove the insanity of the testator; and since it contains the fullest admission by the author himself that he was considered insane by the governor of a lunatic asylum and by another medical man at the very time it was written, the plaintiffs dare not set it up in defence of the author's sanity. By the courtesy of the defendant's attorneys, Messrs. Woodrooffe, we have been favored with the loan of a copy of this extremely rare and curious work for the purpose of re-publication. To appreciate its psychological value, the reader must be informed that at the time it was written the habits of the author were such as to leave little doubt of his insanity. He lay in bed all day, and when he arose in the evening he never left his room, he never shaved, washed, or changed his clothing, he made hideous noises, and his state of personal filth was so great, that the aid of Mr. Pether, the governor of the Bedford Lunatic Asylum, was sought by his friends. Mr. Pether stripped and washed him by force, and

put on clean clothing, and it was necessary to burn the filthy habits which were removed. Through some defect or informality in the documents, Mr. Macaulay could not be removed to the Bedford Asylum, where he would have received some care and attention, and have been kept in some degree of cleanliness and comfort. It is, in our opinion, greatly to be regretted that the efforts of Mr. Short and Mr. Pether were unsuccessful; they were actuated undoubtedly by the most worthy motives, and had they succeeded in placing Mr. Macaulay in the asylum, they would have conferred a great benefit both upon him and on his friends. The space at our command does not enable us to give the details of even the most important lunacy trials. This is the less to be regretted as most of our readers are conversant with them through the columns of the general press. The cause of *Sharp v. Macaulay*, occupied the *nisi prius* court at Winchester, during the 16th, 17th, 18th, and 19th of July last, and is well reported in *The Times* newspaper. We shall, however, give a brief sketch of the principle facts proved in evidence, and make thereon such observations as may appear of importance to psychological science. The scientific interest of such a case is not always identical with its legal interest; some facts which may guide and inform the scientific mind, may have little weight with a jury; and other facts, for instance, the bearing of witnesses, which will influence the jury greatly, cannot be recorded or estimated as scientific facts. Moreover, facts of the utmost scientific importance are often excluded from the knowledge of the jury, either by the stringent rules of evidence, or by the wariness of counsel, who often decline to enlighten the understanding of the jurors upon facts which are likely to bias unfavourably their emotions or prejudices. Take, for example, the very important scientific facts in the present case, "that Mr. Macaulay had a strong hereditary tendency to insanity, and that his brother and sister are at the present time, the inmates of lunatic asylums." There were few facts elicited during the trial that would weigh more with the man of science than this one of hereditary predisposition. Yet the counsel did not deem it prudent to press it with the jury, from the very reasonable fear, that some of the jurors might be conscious of a like tendency, and might unconsciously permit themselves to be prejudiced against men advocating insanity upon such grounds. Moreover, the opinion of jurors is formed to a great extent upon the opinions of other persons, of neighbours, medical practitioners, lawyers, etc. In a scientific point of view such

opinions are of little value. The wisest man who ever lived would be thought insane by the vulgar, if he expressed opinions a few years in advance of his time. Often has the cry been repeated "much learning doth make thee mad."

The facts of really scientific value in Macaulay's history are briefly as follow: he was the son of a London alderman, and was born in 1791; his mother was pregnant with him during the time that his father was sheriff of London, in which office he had such frequent occasion to attend executions, that his mother's feelings were greatly excited thereby, and she dreaded to see her husband in his official robes, saying, that the sound of his chain was like a death knell. Such an influence upon a mother during pregnancy would be likely to lay the foundation of insanity in the offspring, even if there were no predisposition; but a strong predisposition did exist, and the brother and half sister of the testator became unquestionably and incurably insane.

In infancy and early youth, George Macaulay was weak and ricketty, and one leg was stunted in its growth and remained permanently shorter than the other. From boyhood he was strange, and dirty in his habits; he, however, made so much progress in his intellectual culture that it was deemed proper to send him to Cambridge; he took some disgust at Cambridge, and returned the very day after his arrival there to his mother's house at Bedford. There he secluded himself in his own room, and conducted himself like a lunatic; he lay in bed all day, made howling noises, talked to his hand and to his shadow on the wall, and lived in an extreme state of personal filth. In 1815 he wrote to Mr. Sewel, an attorney, who had the management of his property in the Isle of Wight.

"You must be surprised at my long silence. I expected to have heard from you, but that was stupid of me, for you had nothing to write about. Enclosed I send you the substance of a will which I request you to have drawn up."

In the will he left his property to his sister, on conditions which he said he would state in a future letter. On the 9th of June, 1815, he sent those conditions, which were as follow:—

"As I stated above, I don't leave my property to Mary Ann Macaulay absolutely, but conditionally, and the conditions are as follow:—That when I am dead my head be cut from my body, or nearly so; that both body and head be taken to some part of the coast and thrown into the sea six miles from the land, and made to go to the bottom. The corpse is not to be enclosed in anything solid, such as wood, but in a sack, and if she should be too delicate to comply with that condition the property is to be sold, and £2,000 I give to Mr. Ward, £2,000 to the Bedford School, and the remainder of the property I leave to the clerk who may have the honour of officiating at my burial."

In 1818, he escaped from the surveillance of his friends at

Bedford, and was entirely lost sight of for six years. In 1824, he was heard of as being in the gaol at Newport, where there was a curious custom that persons might work out a debt at one shilling a day; and although he had plenty of money, he preferred thus to work out his liberation. He was carried from his lodgings in the arms of the gaoler, and while in gaol, he lay in bed day and night in his excrements.

Soon after leaving Newport gaol he went to live at the little town of Christehurch, near Lymington; he took lodgings, and engaged a widow named Gough to wait upon him. He shut himself up in his rooms, and for thirty years, besides this Mrs. Gough and her family, he was only seen by three or four persons. A tailor once went to measure him for a new pair of trowsers, his only pair being fourteen years old had got out of fashion. He was visited by an eminent London solicitor, named Brace, who was in treaty for some of his property, and would not conclude the bargain without an interview; with much difficulty he obtained the interview, and he immediately broke off his negociations, because he was convinced that Mr. Macaulay was insane. He was also once visited by a barber, who on the day before Mr. Brace's interview, administered a solitary shave, and formed a psychological opinion.

At the request of his relatives, two of the Commissioners in Lunacy saw him, but their visit was barren of results, and their opinion was not given in evidence. He was also seen by a medical gentleman named Palmer; he attended him for slight ulcers on the leg. Mr. Palmer testified that Mr. Macaulay "was perfectly sane, had the finest memory that any man ever possessed, and was a man of very fine strong mind. He died of a failure of the whole system; every organ was decayed, but not the brain. He had resisted food. As for insanity, it was a farce." Other persons conversed with Mr. Macaulay on business, but it was his custom to make them sit outside his chamber door and talk to them with the door shut. A carpenter once had access to his room to repair a door; he could not complete his job there on account of the filth and the stench, and therefore took the door home to finish a slight repair. It was proved that he used to expectorate on his food, and that parasitic vermin were observed in vessels brought from his room. He knew little or nothing of what was going on in his own house and among his own servants; among them there was feasting enough, marrying and giving in marriage, and children born with and without marriage, without his knowledge.

But while the personal habits of the man were so solitary, filthy, and strange, his intellectual habits were those of a student and a man of business. He was the same man who wrote the Hudibrastic poem when the keeper of a lunatic asylum had to scrub his filthy person and to burn his reeking clothes. He read newspapers and reviews; he bought and studied rare and scholarly books; and he wrote hundreds of letters to his solicitor on matters relating to the collection of his rents and the management of his property. These letters, with unimportant exceptions, were clear and business like, and evinced a full appreciation of the nature of money, and a rather sharp look out after his own interest.

Lawyers, who always think that a man with a clear intellect cannot be insane, found it extremely difficult to imagine that such letters could be written by a person of unsound mind. We need scarcely inform our readers that a man may have all his intellectual powers in perfection, and yet be deeply, undoubtedly, incurably insane. Only a few weeks since we gave evidence at an inquisition upon the state of mind of a civil engineer, who produced plans, sections, and reports of a railway he had recently surveyed as proof of his sanity. They were executed with remarkable skill, and evinced a far higher degree of intellectual power and control of facts than Mr. Macaulay's letters, yet it was proved that this poor gentleman was the subject of numerous delusions, that he saw visions, that he feared suicide, requested all dangerous implements to be removed from his reach, and that he was a lunatic dangerous to himself and others. How many excellent works of art and of literature have been the production of insane persons! The state of the emotions and the habits is a far better test of insanity than that of the intellect; and in our opinion the strange aversions, the extraordinary and self-inflicted seclusions, and the disgusting habits of Mr. Macaulay, were far stronger evidences of insanity, than the packets of lucid business letters, and the acquisition of considerable literary information and ability, were of sanity.

But this is not the end of the case. Mr. Macaulay did not make his will at the time he was writing these letters to his attorney. During the latter years of his life these letters became very brief and badly written, and seldom contained more than an affirmative or negative answer to a proposition placed before him. In November, 1854, he appears to have had a fit. He slipped out of his chair and injured his thumb. He got worse. The will was hurriedly prepared. On the 13th of November his sister was told by Mrs. Gough that he

lay in a stupor and could not receive a letter she had sent. On the following day the will was executed. The patient was supported in bed while he signed. When he had signed it, he asked for a bowl, into which he flipped the pen. He died on the 23rd of November, having had convulsions the previous night.

By this will he left all his property in houses and lands to Jane Gough, the woman under whose care he had been for so many years, and to her daughters. To one of his sisters he left ten pounds, assigning as a cause of the smallness of the legacy, that she had persecuted him, and treated him with disrespect. She had, in fact, made several attempts to place him under care and treatment as a person of unsound mind. To his other relatives he left nothing.

At the request of his sister a *post mortem* examination was made. The appearances were extreme emaciation, sloughs on the sacrum and trochanter, the dura mater adherent, the arachnoid opaque, two or three ounces of serum between the arachnoid and the brain, the substance of the brain healthy in appearance, the other organs healthy.

These are the very appearances which one would expect to find in a case of long standing mania, which had at least merged into partial dementia, and it is certainly quite impossible that a man could be in the full possession of his mental faculties, with atrophy of the brain indicated by two or three ounces of serum between the convolutions and the arachnoid.

The jury brought in a verdict for the defendants, that is of insanity. This verdict gives the property of the deceased gentleman to his lunatic brother, Urry, as heir at law; after his death it will devolve upon his sisters.

Our readers will, we think, have little difficulty in coming to the conclusion that Mr. George Macaulay was insane from an early period of his life. His literary habits, his keenness in looking up his rents, and his business letters to his lawyer, will have little weight with them in the balance against the direct evidence of strong hereditary predisposition, of most filthy and recluse habits, and of unfounded aversions against his relatives, indicating a state of active insanity which gradually subsided into one of general decay, with sloughs over the sacrum and trochanter, and with atrophied brain, and death following a state of stupor alternating with convulsions.

THE MEMORABLE TUESDAY.

BY TIMOTHY SPINBRAIN, Esq.

"Cursed be the verse, how well soe'er it flow,
That tends to make one worthy man my foe."—*Pope*.

ON Tuesday morn, yes we remember,
It was the fourteenth of December,
Just as Macaulay, alias Mac,
Had got his clothes upon his back,
(Or him if Maccay we should name,
It will be one and all the same,)
And in effect had turned about,
Forth from his room to sally out,
Perhaps had nearly crossed the floor,
Came Missey tapping at his door—
"A woman has a message brought,
And straight it comes from Mr. Short,
Who says, without the least delay,
To you a visit he will pay,
And that he likewise does intend,
To bring a gentleman, his friend,
And if it be within their power,
They'll see you, Sir, in half an hour"——

The message Mac distinctly heard,
But chose to utter not a word ;
He towards the door his footsteps bent,
And from his chamber straight he went,
Then wheeling to the right, he bore
His footsteps to another door,
That is along the passage strayed ;
Macaulay next his ingress made
Into th' adjoining parlour, where
He sat himself upon a chair ;
There seated he resolved to wait
In patience for the birth of fate ;
But caring not a single pin,
(Such Maccay's temper was within,)
Whether the gentlemen should pay
Their visit, or should keep away.
Such was indeed, we speak with truth,
The disposition of the youth ;
And whilst we're striving, Reader ho,
VOL. III. NO. 19.

What epithet shall we bestow ?
 Illustrious or plebeian ! know,
 That whilst we're striving to display,
 To give the history of this day,
 This famous day and memorable long,
 If there be force in reason or in song,
 It is our firm intention not
 From truth to go one single jot !
 Well, gentle Reader, it was said
 Mac from his sleeping-room had fled
 That he had reached the parlour, where
 We left him seated on his chair,
 Or thus, with elegance of speech,
 He had subsided on his breech :
 With elegance of speech we say,
 And in the course of this our lay,
 We purpose, Reader, we design
 To give at times a polished line !
 A line with every grace replete,
 So delicate, so truly sweet,
 In which the language we present .
 Shall tally with the sentiment,
 Both thought and diction will conspire
 To make it all you could desire.
 Such we shall offer now and then,
 For you must know this writer's pen
 Is with some rich endowments fraught,
 A pen of no plebeian sort ;
 Its style can alter in a trice,
 Be copious now, and now concise,
 Its versatility excessive,
 Coherent now, and now digressive,
 Skilful alike, engaged zetetic,
 In analytic or synthetic ;
 It moves not stagedly, like a clock,
 But fickle as the weathercock :
 Reader, in short, this pen of ours
 Is gifted with uncommon powers,
 For as its humour is inclined,
 Now gross the language, now refined,
 Can act the bishop or buffoon,
 An anthem scribble or lampoon,
 Can change the metre at its will,
 Not harlequin more versatile :
 Just now the sluggish heavy couplets flow
 In solemn march majestically slow,
 And now presto the lines, here's a sample of one,
 With a more than Homeric rapidity run !
 This pen, with all its powers unfurled,

Stands the ninth wonder of the world !
 For you must doubtless know that seven
 Were, Reader, by the ancients given ;
 And Europe the eighth wonder saw
 In the renowned, the great Gil Blas !
 Yes, yes, we must repeat again
 We have a most surprising pen,
 Each line so sweetly it can close,
 Each harmony of cadence knows,
 Possesses a consummate taste,
 And as a vestal virgin chaste,
 Hold, hold, we should not such premise,
 But leave it to the Reader's eyes,
 By which, ere many a page is turned,
 The thing will surely be discerned :
 " Good poet, Sir," methinks we hear,
 " Why make your vanity appear ?
 Why give us in this rambling strain
 The dull effusions of your brain ?"
 My vanity ? do pray be still,
 And trust to this veracious quill ;
 When a great *genius* has a mind,
 (And in this age you such may find,)
 The feathered instrument to seize,
 May not he scribble what he please ?
 Yes, that he may,—ere we, my friend,
 Have brought our story to an end ;
 With this plain theory you shall see
 How well our practice does agree :
 Great wits are rife, we did declare,
 Yes, geniuses are every where !
 Each corner teems with men of learning,
 " Remarkable for quick discerning ;"
 Whatever corner that you view
 Teems with discerning women too,
 And of all creatures here below,
 The ladies are most apt to know !
 Hold, hold, we've lost the scent again,—
 Confound, I say, this erring pen ;
 Far from its orbit does it stray,
 In the same manner we may say,
 As did the solar chariot run
 When guided by Apollo's son ;
 Rise, rise in arms, satanic powers—
 The devil take this pen of ours—
 Put the centripetal in force
 To draw it to its wonted course :
 Now it returns, forsakes its dream—
 Yes, George Macaulay was our theme !

We left the gentlemen, ay, where ?
 Why, seated in his elbow chair,
 Yes, in his elbow chair he rested,
 Such by convenience were suggested ;
 If for authority you ask,
 We give the author of the Task :
 A deathless name ! and on the shelf
 Ranks by the side of Homer's self,
 Though some contend, with brazen face,
 He does not justly hold the place,
 'Tis dubious, undetermined, whether
 They should or should not stand together :
 " 'Tis dubious, Sir ? what an assertion ?
 Has he not penned a noble version ?
 Yes noble, Sir, and just as true
 It is a peerless version too"—
 Peerless ? my friend, not so indeed,
 You must not, Sir, the truth exceed ;
 Him all with wonder would regard
 Who should supplant the Twickenham bard :
 Vain the attempt, extremely vain,
 So let presumptuous fools abstain ;
 " Cowper a fool ?"—Such did we urge,
 Lived far enough from folly's verge,
 And that two volumes do attest—
 In peace let his dear manes rest ;
 But know, the palm if he should seek
 In giving versions from the Greek,
 By this sage writer it is thought,
 It would not be the Gemman's sort ;
 This would at once the point decide.
 He is omnino—blankified !
 But hallowed things we must not touch,
 We have already said too much ;
 'Tis not the province of a fly
 To take in systems at its eye,
 No, that 'tis not, we do aver,
 Although it is multocular :
 Lest self by self should be outwitted,
 Our impudence is here remitted ;
 Cowper was master of great force,
 Yes, masculine his mind of course !
 And did this writer but inherit
 One atom of his mighty spirit,
 Not serpent-like the ground he'd sweep,
 Nor thus in one dull tenour creep,
 For then, each couplet of his song,
 Might with some vigour roll along :—
 Digression all, confound my pen,

By Jove, I've lost my theme again ;
My theme, my theme, there needs some guessing,
I've such a prurience for digressing—
Mac was my hero I declare,
We left him in his elbow chair ;
His elbow ?—I'm in dubitation,
For on a second rumination,
And second thoughts, it is averred,
Are often times to be preferred,
'Tis not decided past all doubt
It was with elbows or without,
Though to be honest some have got
Scent that the chair had elbows not ;
But lest posterity indeed
Into an errour we should lead !
The elbow business ye must know
Shall hang in equilibrio.
Pshaw, pshaw, our mind let us expand,
We'll ne'er on such punctilios stand ;
Should one who so sublimely sings
Debase his page with little things ?
Well then, as we have oft repeated,
Macaulay in his chair was seated,
And as we've sung resolved to wait,
In patience for the birth of fate :
He had not waited long, before
Wide open flew the parlour door,
Towards which said door in great surprise,
Young Mac directed both his eyes ;
A Miss who seeming in a flurry
Entered the parlour in a hurry,
Then out again the Lady bounced,
And Mr. Pither was announced !
Who straight towards the apartment drew
And large as life appeared in view ;
By most, we think, it is allowed
That at the door the Gemman bowed,
Then walking in with footsteps stable,
He laid his hat upon the table ;
Advancing up a little higher
He took his station by the fire :
Pither, with smiling, pleasing looks,
Surveyed the pictures and the books
O'er all the room his optics ran,
And thus his colloquy began :
" The morning's cold, and thick the sky ; "
" It is Sir," Maccay gave reply ;
" A pretty court you have in view "—
Mac uttered " Yes, Sir, very true : "

"Look," says Macaulay "o'er the wall,
 Behold those poplars large and tall :"
 "Yes, large," says Pither, "I declare,
 You mean the poplars yonder there :"
 Now just about this period, yea,
 Just at this juncture we may say,
 Proceeding from whatever cause,
 There was indeed a solemn pause ;
 This worthy action we may tell,
 Mac for his breakfast rang the bell,
 No sooner on the table spread
 Than young Macaulay turned his head,
 And having no more words to utter,
 Slapdash attacked the bread and butter,
 And whilst engaged in mastication,
 Sat Pither fixed in cogitation :
 In comes the paper, "Ay indeed,
 The news," cries Maccay, "let me read,
 But, Mr. Pither, you'll peruse
 The foreign and domestic news"—
 The paper being then unbanded,
 Was straight to Mr. Pither handed ;
 Mac from his mouth no sentence drops,
 He finds employment for his chops.

After the interval, the lapse
 Of fifteen minutes, ay perhaps,
 Ere the jentaculum was o'er,
 There came a ringing at the door ;
 With truth, with verity we sing,
 It was a most tremendous ring ;
 The sound for half a minute clear
 Did vibrate on Macaulay's ear.
 Quick to the door the servant flew,
 And Mr. Short appeared in view !
 Yes, Mr. Short, Charles Short by name,
 Into the parlour straight he came ;
 It was not a Proteïn elf,
 But Mr. Short his very self ;
 He stood, he stood before their eyes,
 But not of Lilliputian size,
 His altitude, his height was such,
 He measured, I can't tell how much :
 Short, with a stiff majestic face,
 Advanced his solemn length of face,
 From whom indeed without delay,
 Both Mac and Pither cleared the way ;
 Charles Short whilst up the parlour walking,
 Resembled much a giant stalking.
 We do not venture to declare

He first inhaled the vital air,
Amongst those colossèan people
Whose noses overtop a steeple,
If not at present they are rife
In any corner large as life,
Yet still in print they may be seen,
For which we thank St. Patrick's Dean :
Maugre, to Mac and Pither's sight
Charles Short appeared a wondrous height,
Born on whatever spot of earth,
No Isle of Pygmies gave him birth.
With all such trifles we'll dispense,
We come to things of consequence.

Now to your mental eye are brought
Pither, and Mac, and Mr. Short ;
A triad, yes, indeed they be
A potent, an illustrious three !
Mac stared at Pither, then at t'other,
Indeed they looked at one another ;
Each sat apparently quite glum,
And for some seconds all was mum,
There reigned a silence so profound
That to the roof each tongue seemed bound ;
You would have been inclined to swear,
Harpocrates himself was there ;
Then Mr. Short the silence broke,
And to Macaulay thus he spoke :
" I'm truly sorry George to find
You so disordered in your mind ;
Yet since to all 'tis very plain
That you, Macaulay, are insane,
Whether you like the thing or no,
To the Asylum you must go,
And vis-à-vis, that's face to face,
Does sit the Governor of the place,
'Tis Mr. Pither, and he will
His duty faithfully fulfil ;
I need not say another word,
Of Mr. Pither, you have heard :
Lest any anything I offer here
To you informal should appear,
You, George, are welcome to peruse
These notes, these letters if you choose."

Into Mac's hands the notes he dropped,
And there Short's fine oration stopped :
Mac took the letters, and indeed
Began with eagerness to read,
Their number, neither less nor more,
Just equalled the square root of four ;

The first on which his hands he pressed,
 To Mr. Whitbread was addressed ;
 We do not take upon our pate,
 Contents verbatim to relate,
 Yet if we do not judge amiss
 The sense was tantamount to this—
 “ Sir, I’m induced to make again
 An application with my pen,
 Respecting a young man who gives
 Trouble to all with whom he lives ;
 Indeed he is a wicked one—
 Mrs. Macaulay’s elder son ; ”
 Who, I can tell you for the lapse
 Of three long years or four perhaps,
 Nay, on inquiry it appears
 E’en for a series of some years,
 Has been with such a mind afflicted,
 To vicious habits so addicted,
 That his vile temper has at length
 Gained such ascendancy and strength,
 As to resemble in degree
 A very dreadful malady ;
 To tell the truth, I have my fears,
 Mental derangement it appears ;
 In fact, it is so like the same,
 Can call it by no other name ;
 And therefore, Sir, I do request
 You’ll issue out your high behest,
 That this young man, th’ aforesaid gent.
 To the Asylum may be sent ;
 In doing which, respected Sir,
 Another favour you’ll confer
 On me, subscribing as I ought,
 Your humble servant, Charley Short.”
 Such was the letter—with a frown
 Mac threw the vile epistle down,
 Then to the second note he came—
 ’Twas Whitbread’s answer to the same :
 “ Not written by himself,” Short cried,
 The same Will Pither testified ;
 Macaulay asked, “ By whom pray then ? ”
 “ By his own Secretary’s pen,”
 Returned the Doctor, “ to be sure,
 It has the Member’s signature.”
 Says Pither, Short now being done—
 “ He seldom writes to any one,
 Not once in fifty times, you sheep !
 Does an amanuensis keep : ”
 ‘ Your talk,’ cries Maccay, “ do surcease,

I want to read the note in peace ;
That silence I should have is fit,
By whomsoever it was writ."

Now Mac, our story to pursue,
Held Whitbread's answer to his view,
Of which identical reply
The sense was this, or very nigh—
" If, Sir, you George Macaulay find
To be disordered in his mind,
Him you are authorized to fix
In th' Hospital for lunatics ;
Yes, yes, by all means do I say,
Conduct him there without delay ;
But not unless, in any case,
A proper object for the place ;
Yourself that question must decide,
And in your judgment I confide ;
For folks it is the fittest station
In his afflicted situation.
For you my friendship I retain,
And Samuel Whitbread do remain."

Mac cast this letter by the other,
As fit companion for its brother ;
Then from his pocket Pither brought
A note, or else 'twas Mr. Short,
And which said note, it is confessed,
From Short to Pither was addressed,
Which note, though somewhat too absurd,
Shall here be given just word for word :
"Into th' Asylum pray receive
Macaulay, whom I do believe
To be disordered in his brain,
In other language quite insane ;
His wits are surely gone astray,
Non compos mentis, as they say ;
Yes, this young man you will admit,
He is an object very fit ;
His intellect is quite estranged.
In fact, he's mentally deranged !
One of the very maddest sort,
I now subscribe myself, Charles Short."

When Mac this other note had read,
He very gravely shook his head !
Indignant cast it from his view,
And laid it with the other two ;
"They are," cried Maccay, " I contend,
Three wretched notes as e'er were penned,
Charles Short the Doctor, sitting there,
Upon his honour does declare,

Two were endited by his *vous*,
 And t'other came from Whitbread's house ;
 But whether it be truly so,
 I neither know nor want to know."
 No longer was Macaulay heard,
 Short interrupting took the word—
 " You need not, George, begin to storm,
 All has been done in proper form ;
 I e'en to Mr. Whitbread wrote,
 And there's a copy of the note :
 Your temper was by me asserted
 To be most dreadfully perverted ;
 Apollyon's self, I should have said,
 Had got possession of your head,
 And that you were infernal both
 In disposition and in——" quoth
 Macaulay, " What, Sir," as he frowned,
 " What, have you searched the County round,
 And by th' advice of Doctor Geats
 Been forth in quest of evil pates,
 With the intention them to fix
 In th' Hospital for lunatics ?
 The population *would* grow thin,
 With each perverted temper in !"
 He ceasing, " George," says Mr. Short,
 " You clipped my speech before you ought ;
 I tell you in the very note
 Which I to Mr. Whitbread wrote,
 I was, now hearken to me pray,
 Not quite so silly as to say,
 The cause of your thus acting ill
 Was the perversion of your will,
 But said that yearly gaining strength,
 Your disposition had at length,
 As in my judgment I suspect,
 Quite discomposed your intellect ;
 Which there is written, do but take it,
 As plain as pen and ink can make it ;
 And therefore, George, I did advise
 The magistrate should authorize
 Your being taken to the place
 For folks in your afflicted case ;
 And there you'll meet your wicked brother,
 Fit company for one another !'

When Short his fine oration stopped,
 These accents from Macaulay dropped :
 " If Whitbread, now to be succinct,
 Had not, Sir, at the matter winked ;
 That lunatic, that Monsieur Urry

Had been discarded in a hurry ;
I take upon myself to say
He had remained not half a day ;
The governors passed the matter by,
For he's no more deranged than I."
Says Short, "that both of you are mad
Sufficient proof is to be had ;
Now, as to Urry you must know
Certificate I have to show ;
Do you suppose there has been cheating ?
He has been up before the meeting,
Before the magistrates, by zooks,
And entered in the very books !
So pray no longer have the face
To question Mr. Urry's case,
'Tis madness in the last degree,
The thing's as plain as A B C :
But touching that flagitious knave,
All further converse let us wave ;
He's in his dungeon safe and sound
Nay, barricaded round and round ;
And know ! before to-morrow's sun
It's stated longitude has run,
To your own self will be assigned
A dungeon of a similar kind :
For we, Macaulay, plainly see
You are as bad—as mad as he ;
The governor, Mr. Pither there,
Of you will take most proper care :
Th' Asylum's on the Ampthill road,
And is a capital abode,
Yes, capital, for, Sir, within
Its solid walls myself have been,
The area, yes, nor think it odd,
Of each apartment I have trod,
And though the structure, by the by,
Could in no way pretend to vie
With that one which, as it is said,
In Asia reared its towering head,
Whose stones a mighty Prince of old
Did e'en conglutinate with gold,
Yet still 'tis built of solid stuff,
And is for madmen good enough !
Materials brick, in every quarter
Compact, the cement is of mortar ;
Yes, brick with mortar strength produces—
We put our gold to other uses :
And in th' Asylum, be assured,
You will be closely circummured ;

For, George, on this you may depend,
 Thither you must your footsteps bend,
 Whether you like the thing or no"—
 "Why," says Macaulay, "must I go?"
 "Because you're mad," Charles Short replies,
 With ire collected in his eyes,
 "Because you're mad, and as I live
 Sufficient reason do I give;
 Yes, that I roundly do assert,
 The point you cannot controvert:
 No proofs we need you stubborn elf,
 The matter speaks up for itself:
 But if you chose to stand aloof,
 And to demand a rigid proof,
 Ere sixty you had numbered o'er,
 I could adduce them by the score.
 I first would summon Mr. Urry,
 The Miss Macaulays out of Surry,
 Each creature in your mother's house
 Should be impressed against your nose,
 They all, they every one should come,
 Both the loquacious and the dumb;
 Of each th' opinion should be had,
 And each would certify you mad;
 Those who no utterance could convey
 Might tell it in another way;
 For Sancho piercingly might bark
 T' attest that we had hit the mark.
 If for more evidence you call,
 Puss might begin to caterwaul;
 The thing, you see, on every side,
 Would be completely ratified;
 Yes, George, indeed we clearly see,
 You are as mad as mad can be,"

Short paused, and, eager to reply,
 On him Macaulay kept his eye,
 Then up his throat these words were driven—
 "Sir, the harangue you just have given
 Confers, permit me but to say,
 Vast honour on your pericra!
 A man you are quite innocent,
 For harmless is each argument,
 As bulls without their horns and hoofs.
 Are these, Sir, called your rigid proofs?
 You are to prove that I'm insane,
 Alas! what cogency of brain:
 You treat us with most pretty jokes,
 What though 'twixt me and other folks.
 In all my habits and my mien,

A total discrepance is seen ?
What though my sentiments you find
Run counter to all humankind ?
What though I seem to every one
' An object new beneath the sun ? '
Each swearing things so strange and sad
Are indications that I'm mad :
Yet these no evidence can be
That I'm so in reality.
If, Sir, you do not comprehend
My meaning, I will give you, Friend,
An illustration of the case :
Suppose that all the human race,
Both all our sages and our blocks,
Were metamorphosed into cocks ;
Not to suppose the change was real,
But ipso facto quite ideal,
Though human still each did appear,
To think himself a chanticleer ;
Now let but some conceited ape
Affirm he had the human shape,
Would not he get his jacket drubbed
And be a fool or madman dubbed ?
Now, Sir, I think must justice own,
That I've irrefragably shown,
Have shown, Sir, to a demonstration,
Beyond all doubt or confutation,
That for a person, man or lad,
The heavy charge of being mad
On self to draw, there is no need,
To this your reason must accede,
That he be truly so in fact,
But in eccentric ways to act ;
That is, to deviate now and then
From all the usages of men,
To go to bed and close his eyes
When great and little folks arise,
And constantly his vigils keep
When vulgar mortals lie asleep ;
When in discourse reciprocally roll
' The feast of reason and the flow of soul,'
When in pure mirth the genius does emit
The ebullition of his sparkling wit,
'Tis his in gloom and sulliness to sit :
He must be always a queer fish,
When confident that none can wish
For the renewal of debate,
To chatter at a furious rate :
The honour, Sir, of being mad

May very easily be had ;
 You need but deviate in some mode
 Two inches from the beaten road,
 Be queer in action as in word,
 The honour straightways is conferred :
 But let me tell you, for I durst,
 This state of things should be reversed ;
 The nomenclature should be changed,
 The crowd it is that are deranged :
 View but the blunders of the throng,
 The mass are ever going wrong,
 Like lunatics they pour along ;
 Which as themselves do not perceive,
 They are no madmen they believe ;
 One fool does countenance another,
 Each booby cockers up his brother,
 So giving one another, kind,
 The credit of a sober mind :
 But must we pay such deference, then,
 To those, to those gregarious men ?
 Their words are lighter than a feather,
 A set of madmen altogether."

He paused, and Short, in accents gruff—
 " Macaulay, we have had enough :
 That you with madness are afflicted
 By your own mouth is now evicted :
 To reason do you make pretence ?
 Each word proclaims you void of sense,
 For such an incoherent strain
 Ne'er issued from a mortal brain ;
 Yes, you are mad, I say no more,
 Or as I stated just before,
 I, to corroborate the thing ;
 A host of witnesses could bring ;
 So not another word, I pray,
 And at your peril disobey."

With this injunction to the youth
 Short stopped his mandibles forsooth.
 When in his ear these accents rung,
 Macaulay durst not loose his tongue ;
 No, not a word, a single note
 Did he bring upwards through his throat ;
 I saw the fellow to my grief,
 He trembled like an aspen leaf !
 Now whilst between these potent two
 The words in angry humour flew,
 With a sagacious, cunning eye,
 Pither had kept his station by,
 And ever and anon was heard

Discreetly to put in a word ;
But hitherto we've thought it fit
His observations to omit.
Yes, Pither when he had a mind,
Good store of syllables could find ;
Nay, he could chatter like a prince,
And that the sequel will evince.

Just now all conversation ceased
For three half seconds at the least.
When Short had finished he sat mum,
And Mac, as if he had been dumb ;
It would have tickled you to see
These Gemmen seated vis-à-vis !
If a hyperbole you'll but admit,
" Each had a gravity would make you split."
Short looked as sage as any wight,
With Governor Pither on his right ;
When he, we mean the latter man,
His lips unclosing, thus began :
" Such witnesses, good Dr. Short,
Need not by any means be brought ;
Mr. Macaulay's very face
Is proof sufficient of the case ;
View but his hair, see how he's clad,
Our eyes convince us he is mad ;
Your breath, Sir, needlessly is spent,
The thing itself is evident ;
I should not like, I must confess,
To walk the streets in such a dress,
Nay, should deserve a hearty cuffing
If I went such a ragamuffin—
Cell in the Hospital, I wot,
Would in a twinkling be my lot."
To Mac directing then his eyes,
Says Pither—" I am all surprise !
For when, Sir, with my ' visual ray '
Your phiz, your person I survey,
Explore you sideways, high and low,
And eye you, Sir, from top to toe,
I cannot tell how to behave,
Or to be merry or be grave ;
Your grisly visage and attire
To raise my laughter do conspire !
On t' other hand, when I reflect
That you're deranged in intellect,
Me with unkindness you might tax
Were I my muscles to relax ;
Motives so adverse are commixed,
That I'm in dubitation fixed ;

'To laugh were want of goodness and of grace,
 And to be grave exceeds all power of face.'
 With deference I'll now offer you
 A question, a remark or two
 When last, Sir, did the snipper crop
 And thin the bushes of that mop?
 I now can fairly tell you, Mac,
 You did not put upon your back,
 Clean linen this preceding Sunday,
 These foul, these filthy habits, unde?
 Your face needs scrubbing, likewise, Sir;
 You want the razor I aver;
 If now I could but make appear
 My shaving apparatus' here,
 With or without your own advice
 I'd play the barber in a trice;
 I never yet fixed eyes on one
 With you whom we might paragon:
 Let but Macaulay"—with a grace
 To Short directing now his face,
 "Of his free will, his own accord,
 Just show his pretty self abroad,
 What, Sir, would be the consequence?
 He's mad, he's mad, he's void of sense,
 From all the rabble and the fry,
 Would be the general hue and cry;
 He'd scare them with his very phiz,
 Slubberdegullion as he is."

With this sweet couplet Pither stops,
 Yet Maccay dares not stir his chops,
 Naught could he utter though he tried,
 Was so completely terrified;
 He vented not a single note,
 His heart stuck midway in his throat:
 I fancy that the fellow quite
 Would have disgorged it in their sight.
 Indeed, one hearty eructation
 Would have dislodged it from its station:
 Yes, yes, the panic stricken elf
 Looked foolish as the Devil's self,
 When Dunstan in a passion rose,
 And took, as so the story goes,
His Virgin Highness by the nose!
 The words which Pither did eject
 On Mac had such a great effect.

To talking there did now appear
 A respite for one minute clear;
 Short's power of utterance then awoke,
 And from his tongue these accents broke;

“Respecting that afflicted youth,
Pither, you have declared the truth,
His case is lamentably sad,
For there we see him downright mad ;
That affirmation he denies,
Yet there he is before our eyes ;
All that may issue from his pate
With you and me can have no weight ;
His arguments, his pleadings fail,
His quibbles are of no avail,
He’s mad, we positively know it,
His phiz and all his actions show it ;
I doubt not that he has a head,
But then ’tis brainless, and of lead ;
Can any thing he borrows thence
O’erpower the evidence of sense ?
You now and then may find a man
With great dexterity who can,
(So nice the reasonings he will bring,)
Make any thing of any thing ;
Show ebon colour to your sight,
And the next minute prove it white,
Then naught which colour you can call,
But a privation of them all ;
Show Nature’s God, with vast applause,
Not antecedent to its laws,
Effects superior to their cause !
Heads there are some which may be found,
Could prove a circle square or round,
It’s radii, such their mental strength,
Of equal or unequal length ;
But such a head can Maccay boast ?
’Tis cousin-german to a post !
And, Mr. Pither, if this lad
Be ipso facto downright mad,
Than which indeed there’s nothing truer,
Of which we may be just and sure,
As that twice three and one make seven,
As that there is a God in heaven ;
If, Sir, I say, this very youth
Be mentally deranged forsooth,
Can he take on himself to show
The contrary, and prove it so ?
Away with cobweb demonstration,
I get my knowledge from sensation ;
Let others as they please excel me,
I trust to what my senses tell me.
And now, friend Pither, to be short,
What at this time by them I’m taught

Though I confess 'tis very sad,
 Is that Macaulay there is mad ;
 Of which, howe'er he stands aloof,
 We have the fullest ocular proof :
 Maugre what some may make pretence,
 And value other evidence,
 What, Sir, we sensitive do call,
 I hold superior to them all."

He ceased, and Mac, with anger burning,
 Thought proper to display his learning—
 "Charles Short, you are extremely dull,
 You have a most uncommon skull !
 Sir, on the senses you rely,
 And with your leave, the same do I ;
 On them though we may all depend,
 'Tis this for what I do contend ;
 The surest evidence below
 Which does from intuition flow ;
 And next I do the preference give
 To that ycleped demonstrative ;
 Those two indeed are rightly classed—
 Sensation ranks in order last."

Mac paused, on which words being said,
 "The silent Doctor shook his head,"
 And after having sat awhile,
 "Grinned horribly a ghastly smile !"
 Soon did the rising choler chase
 His risibility of face ;
 In bosom being somewhat stung,
 This fell with vengeance from his tongue—
 "You are, young man, extremely daring,
 Your impudence is past comparing ;
 But if in quibbles you delight,
 I'm not unfurnished for the fight !
 You are, Macaulay, very bad,
 My senses tell me you are mad ;
 You urge the contrary, that's what ?
 Why, roundly tell me you are not ;
 Of which assertion, we must own,
 No demonstration have you shown :
 Nay, if such proof you *could* supply,
 My senses, Sir, would give the lie ;
 If you could e'en unknit your brows,
 And each dull faculty arouse,
 Could suscite each dormant spark,
 And reason like a Samuel Clarke,
 Of great injustice you'd complain
 Should we pronounce you still insane ;
 But if the matter were discussed,

To none would it appear unjust.
 There's no one of the madman kind
 In Bedlam or St. Luke's confined,
 Or any such receptacles,
 But has his lucid intervals,
 Let me be rightly understood—
 Now, if at different times you should
 A few connected words let fall,
 That, Sir, would be no proof at all ;
 Such would afford no evidences
 That you were in your proper senses :
 Yes, George, that you are truly mad
 Sufficient proof is to be had,
 And that I'm not to be deceived,
 By me will firmly be believed,
 Spite of whatever may be said,
 Whilst I have two eyes in my head ;
 Now then, with your permission, Sir,
 To your last speech we will recur,
 In which you made old demonstration
 O'ertop the shoulders of sensation ;
 Since on each sense I so depend,
 'Tis right I should stand up their friend :
 External objects, I insist,
 Do independently exist,
 Yet one, by reasonings so acute
 We cannot readily refute,
 Has proved, demonstrated we see,
 Their non-existence to a T—
 If then, as you absurdly chatter,
 The former ranks before the latter,
 Of course I *should* distrust my eye,
 And to sensation give the lie ;
 But no, for wrangle how they will
 I e'en believe my senses still ;
 And this, with justice on my side,
 To your own case may be applied,
 If you at present were inclined
 To prove the soundness of your mind ;
 And for that purpose to discourse
 With great propriety and force,
 Give what in *your* existimation,
 Was tantamount to demonstration,
 Would my opinion be removed,
 Or your insanity disproved ?
 Whatever words you might emit,
 Case would be altered not a whit ;
 Better criteria I'd supply
 Which, Sir, to form my judgment by ;

Yes, George, I stoutly would maintain,
You ipso facto are insane ;
The proof that you are downright mad,
From my own senses would be had."

He paused, Mac stared with both his eyes,
And thought the Doctor wondrous wise ;
Though far above Macaulay's reach,
He deemed it a surprising speech ;
But maugre what Charles Short had said,
Wishing to speak up for his head,
Mac asked permission to be heard,
But Mr. Pither took the word—
" 'Tis needless, Sir, to spend our breath,
Let us not talk ourselves to death :
Mr. Macaulay there we find
To be disordered in his mind.
What, can my optics so deceive ?
Ere we the contrary believe,
E'en to our very visual sense
We must relinquish all pretence ;
But no, says he, indeed I'm not—
The cast that alters not a jot.
So, search each town and country round,
Will any lunatic be found
That will allow himself insane ?
None own their craziness of brain."
" No, no, not one," cries Mr. Short,
" No lunatic of any sort ;
Each will with much asseveration
Belie the voice of all the nation.
What then, shall we adopt the measure,
To let them wander at their pleasure ?
To place our persons, day and night,
Our lives, at the disposal quite
Of each unfettered Bedlamite ?
No, that will never do, I own,
Whilst we have iron, brick, and stone ;
So let not Maccay ope his jaw,
The thing's prohibited by law.
Yes, George is mad, I say no more,
As sure as two and two make four !
In him we can't produce conviction ;
Madmen delight in contradiction.
Now, Mr. Pither, if you please,
I will just tell you his disease ;
The madness which has tinged his mind
Is of a most peculiar kind,
That rages only now and then
Amongst the feeble sons of men,

Distemper horrid to describe,
And all the learned Physic tribe
In their dog-language do agree
To call it, Sir—Lycanthropy :
Yes, Mr. Pither, that's its name,
Lycanthropy, the very same ;
A sort of madness which, Sir, can
Quite change the nature of a man ;
Which does so inqurate the will,
And such propensities instil,
As tends to give him some relation
E'en to the grovelling brute creation ;
And George Macaulay is at least
Fast verging downwards towards the beast.”
“Fast verging downwards?” Pither cries,
“Indeed, if I may trust my eyes,
And view him in a manner steady,
He's got to the last stage already !
'Tis doubtful where belongs his place,
He's to his species a disgrace ;
So vile, so infamous a one
Was never seen beneath the sun.”
To Mac directing then his speech,
“Pray have the kindness, Sir, to teach,
And tell us clearly what you are,
And also what malignant star
Did at your natal hour preside.”

He paused, but Maccay's tongue was tied :
“I am a Dutchman if you're sane,”
Cried Pither, and resumed his strain :
“What, Sir, your real nature be,
Is quite inscrutable to me,
Nor whence your origin, my friend,
To settle shall I now pretend.
You are, this safely may be told,
A being of no common mould ;
Your like, co-equal, Sir, I fear,
Not once a century does appear.
Not once a century ! faith, I mean,
Your parallel was never seen ;
For in iniquity, I own,
You stand unrivaled and alone !
If, Sir, you lord and master be
Of many a sterling quality,
If from your mine you can produce
Good solid bullion fit for use,
Or could elicit to our sight
One ray of intellectual light,
Under a bushel all is huddled,

And closely to your bosom cuddled :
 Be, Sir, your nature what it may,
 Though that I venture not to say,
 Yet this I can affirm as true,
 That you, Macaulay, even you
 Do not my visual organ strike,
 As looking very Christian-like !
 You are no Christian, no, by zooks,
 I see it by your very looks."

Just at this moment Pither stops,
 As we suppose, to rest his chops ;
 Indeed, to pause was no bad plan,
 For this good-natured honest man
 Had spoken, ay, to say no more,
 As never mortal spoke before ;
 We vainly for his like should search—
 He leaves Lavater in the lurch ;
 His eye so penetrating is,
 Can tell a Christian by the phiz !
 At any time, on any spot,
 Say who's a Christian and who's not :
 Be this promulged, and let it fly
 To the four quarters of the sky.
 O Pither ! thou art wondrous clever,
 Thy like was seldom seen, if ever ;
 Gifted, O Pither, as we see,
 With such a perspicacity :
 Now whence, O Pither, ope thy jaw,
 Thy rules of judging dost thou draw ?
 I grant that one of Abram's race,
 Bears his religion in his face ;
 Yes, when presented to our view,
 We one and all can tell a Jew ;
 But here's a person who can tell
 A Christian by the phiz as well,
 For creatures of that sect are known
 To Pither, and to him alone ;
 To him our visage doth impart
 The feelings of the inward heart ;
 He is possessed of such a snout,
 Can always scent the Christians out,
 And sniffing, quickly did suspect
 Maccay belonged not to that sect ;
 Though to be honest, by the by,
 We think he told it by his eye ;
 His eye ? on this no longer dwell,
 I'm quite incompetent to tell,
 In judging which did better serve,
 His optic or olfactory nerve ;

'Tis doubtful, but, to be concise,
He got his knowledge in a trice.
To ask a question may we dare?
By what means, Pither, now declare,
Art thou enabled thus to scan
The inward by the outward man?
Resolve the question, Sir, we pray;
What, do the lineaments betray,
Do so unerringly present
To thee each inward sentiment?
Between man's temper and complexion
There may indeed be some connexion:
Peculiar genius some can trace
Depicted in the very face;
Yet in this matter, we believe,
Appearances do oft deceive;
Not always, Pither, wilt thou find
The face an index to the mind:
But in the countenance to read
What is and what is not our creed,
Is such a thing I do avow,
As ne'er was dreamed of, Sir, till now;
Did not Macaulay Pither strike
As looking very Christian-like?
'Tis sad indeed, 'tis truly sad,
It nearly proves that he is mad:
But let that pass—now to be brief
For his opinions and belief
Mac being, as ye all must know,
Amenable to none below.
Now silence reigned, no tongue was stirred,
No, not a syllable was heard:
Yes, each in silence sat contented,
To all that Pither's mouth had vented,
Maccay deigned not to make reply
Or to confirm it or deny;
Talk ceased, but for what length of time
Not requisite to tell in rhyme;
For five full seconds shall we fix?
Or peradventure it was six:
Whether the former or the latter
"I know not, and 'tis no great matter."
Behold these potent, such they be,
Behold, I say, these potent three;
Not potent only, but to view
Appeared profoundly sapient too;
So much so, that had they been dressed,
Attired in the forensic vest,
You would have deemed them by their face

Three judges nodding o'er a case !
 Perhaps you never cast your eyes
 On three so solemn and so wise,
 At least 'tis certain that each wight
 Bore outward signs of inward light :
 Mac did at Pither slily squint,
 Whilst he looked upwards at the print.
 The Spirit moving Mr. Short,
 He gravely uttered thus his thought :
 " This, George, is all that I can say,
 In you a madman we survey ;
 This gentleman has told, forsooth,
 The truth and nothing but the truth ;
 Christian or no be you within
 Does matter not a single pin ;
 Not now that point need be discussed—
 To the Asylum go you must."
 On saying which the Doctor rose,
 And Mr. Pither blew his nose !
 Short to the door his footsteps bent,
 And from the parlour straight he went,
 Retiring by some motive led,
 To see the Lady over head.
 On Short's secession Mac awoke,
 And thus to Mr. Pither spoke :
 " Sir, the Asylum I believe
 Is calculated to receive
 Many, at least so I've been told"—
 Says Pither—" Sixty it will hold ;
 It was th' original intent
 Sixty should be its complement ;
 The number at the present date
 Amounts to only twenty-eight."
 " When do"—next did Macaulay say,
 " The magistrates their visits pay ?"
 Quoth Pither—" Monthly they appear,
 They congregate twelve times a-year,
 To see that all is right and clear."
 More words, which are not brought to view,
 Were interchanged between these two ;
 Of reading they would not requite
 The trouble, were I them to write.

After he had his visit paid,
 Charles Short his second ingress made,
 Entered the room, but came not more
 Than fifty inches from the door ;
 Erect he stood, and by his air
 Had something weighty to declare—
 Just the surmise ; he from his tongue

These accents to Macaulay flung—
 "George, hear me now, nor this forget,
 Before to-morrow's sun has set
 Yourself, howe'er against your mind,
 In the Asylum you will find ;
 The Governor, Mr. Pither there,
 Of you will take most proper care ;
 Whether it please you, Sir, or no,
 By Æsculapius you shall go !"

To Short now says Macaulay—"Sir,
 In spite of what you may aver,
 I am persuaded that you sent
 Not your true inward sentiment,
 In that epistle, that vile note,
 Which you to Mr. Whitbread wrote."

Returns the Doctor—"George, I said
 You were affected in your head,
 Which my opinion is not changed,
 Still think you mentally deranged :
 And any one you'd please to name,
 Would tell you, Sir, the very same ;
 Yes, you are mad, you lying elf,
 The thing speaks quite up for itself ;
 Were I to send for Doctor Hunt !
 He'd boldly tell it to your front,
 Would not a moment hesitate—
 He is a County Magistrate.
 Whilst here it pleases me to stay,
 None of your impudence, I pray,
 For, Sir, I'll smartly lace your coat
 Should you again *bevilé* my note ;
 I say, you merit to be hung,
 So hold your contumelious tongue.
 Your face bears marks of every sin,
 And you're a sepulchre within,
 Possessing not one grain of *vous*,
 More fetid than a charnel-house :
 That you're the vilest of your kind,
 Excites no wonder in my mind ;
 How you dare elevate those eyes,
 The point in which the wonder lies :
 'To friends, to fortune, to mankind a shame,'
 Think how posterity will treat your name ;
 And buy a rope, that future times may tell
 You have at least bestowed one penny well."

The Doctor ceasing, shook his poll,
 His words which did so fiercely roll
 Struck terror to Mac's inmost soul.
 Yet Short's conjectures on the youth,

Were haply not devoid of truth,
 For he possesses, by the by,
 A most discriminating eye :
 Yes, Short is skilful in his art,
 And has "of sapience no small part."

Now Governor Pither stood erect,
 And did these syllables eject :
 "Mr. Macaulay, you have heard
 The Doctor's orders, every word ;
 I must, unless you be reprieved,
 Fulfil the orders I've received,"
 "Unless reprieved," cries Mr. Short,
 Of that you'll not indulge a thought.
 Pither, to-morrow, Sir, you will
 My orders punctually fulfil."

Thus Short pronounced and said no more,
 His steps directing towards the door :
 To Mac says Pither—"Now you know,
 To the Asylum you must go."
 "Yes, yes," quoth Short, and turned about,
 "I'll have him in beyond a doubt :
 Who for my conduct will upbraid me ?
 I swear it by the God that made me !"

He paused ; at him did Maccay stare,
 For Short, yes, Mr. Short did dare
 E'en by the living God to swear :
 O naughty, naughty, naughty man,
 Thou art indeed more naughty than
 Than any person I can name,
 Oh fy, oh fy, oh fy for shame !
 Why, Mr. Short, I do aver,
 Thou canst not be a Christian, Sir !
 'Tis naughty, wicked, nay, profane
 To take the name of God in vain ;
 What words, what words, thou did'st let fall,
 It raises marvel in us all ;
 Thy principles must be unhinged,
 The decalogue, Sir, is infringed :
 Charles Short is, faith, in my opinion,
 The worst man in the king's dominion ;
 The church alike and virtue he disowns,
 Thinks this but words, and that but bricks and stones.
 Know all, on this dim speck of earth,
 Of noble and ignoble birth,
 Know all, of every land and shire,
 Henceforth should any man desire
 An oath to ratify his word,
 However trifling or absurd,
 An oath he does devoutly take

But with the sole intent to break,
First let the thing he has to say
Be uttered in the usual way :
Next let him stand upon his feet,
Or else it would not be complete,
And then—this oath would not degrade him !
Affirm it by the God that made him !
He safely then may rest content,
Having Charles Short for precedent.
Be this, in each sublunar clime,
Transmitted to the end of time.

Now after one half minute's lapse,
Or even rather more perhaps,
Mac from his staring fit awoke,
And thus to Mr. Short he spoke ;
“ Ere I to the Asylum go,
I greatly, Sir, should like to know,
By whom, by whom is authorized
The measure which yourself advised :
By Mr. Whitbread, Sir, you say,
But who is Mr. Whitbread pray ?
Perhaps you'll tell me with a frown
He's Member for old Bedford Town,
And next think proper to relate
He is a County Magistrate,
Ergo, a Governor now, as whilom
Of Bedford Lunatic Asylum,
Concluding with, no room for doubts,
He is chief person hereabouts :
Such you uncontradicted may
Respecting Mr. Whitbread say,
Positions no one can reject,
He's likewise worthy of respect.
All this and more you can aver,
You may be pleased to tell me, Sir :
I've read a copy of the note
Which you to Mr. Whitbread wrote ;
You'll roundly tell me next, I ween,
The Member's answer I have seen,
By which you're authorized to fix
Me in the house for lunatics :
Talk not of Whitbread's letter, for
His note I value not a straw ;
Why should I care, though but an elf,
For Whitbread's note, or Whitbread's self ?
In his own province let him steer,
His orders are not wanted here,
For let me tell you, honest Sir,
Whitbread is not Lord Chancellor !

I can detect an imposition—
 Produce, I say, your high commission
 You to enable, be it told,
 Inquest of lunacy to hold ;
 And on inquiry should you find
 That I'm disordered in my mind,
 If it be clearly ascertained
 I'm rabid, crazy, or crack-brained,
 Without demurring, that's maturè,
 Be such the verdict of the jury,
 Then drag my body at your ease
 Withersoever, Sir, you please.
 I am not just at present, Friend,
 Approximating towards the end :
 In this my last address to you
 My wonted method I pursue,
 That is, I make my thoughts appear
 In diction not refined, yet clear ;
 Speak in plain English, that is best,
 Not leave my meaning to be guessed ;
 No gibberish in your ears is rung,
 I speak your own vernacular tongue ;
 I candidly my mind unfold,
 Naught is equivocally told ;
 All is ingenuousness with me,
 I hate your amphibology.
 Now to the charge, Sir, give attention,
 No more of Whitbread's letter mention ;
 I say relinquish such design,
 What can elude this *vous* of mine ?
 You must be subtilely endued
 My penetration to elude,
 Calchas less sage, ' whose comprehensive view,
 The past, the present, and the future knew.'
 My name's Macaulay ! but survey me now,
 With penetration stamped upon my brow !
 I put not forth, though up at length,
 One fiftieth portion of my strength,
 Yet e'en that portion, I suspect,
 Will cause your hair to stand erect ;
 Such forces I could summon up,
 My head is deeper than a cup !
 And if I rightly do opine,
 For your one word I'd utter nine,
 So voluble this tongue of mine.
 You've said, if I remember right,
 That quibbling is my heart's delight ;
 A truer speech did never fall
 From Matthew, Peter, or from Paul ;

In point of verity is fit
To stand its ground with Holy Writ ;
I could, am such a wrangling elf,
Outquibble Counsellor Quibble's self !
Each question I could wrangle on,
Bring arguments both pro and con ;
On either side I would dispute,
' Confute, change hands, and still confute.'
Of whom would Maccay be afraid,
In logic's panoply arrayed ?
The subtle weapons he should bear,
Now warding here, now charging there,
Would prove effective every where :
Yes, dauntless I would take the field,
And force ten thousand Shorts to yield ;
And to elude this Argus-eye
Both Short and Pither I defy.
Their arts united I'd withstand,
So now, Sir, to the point in hand :
On your two letters, Master Short,
'Tis needless to bestow a thought ;
One to the Member is addressed,
And one to Pither—let them rest.
On them the giving of a rhyme,
Mere usurpation of my time ;
My tongue such honour ne'er intends,
On Whitbread's letter all depends ;
That's an imposture at the best,
And so we'll put it to the test.
All that your fibbing tongue has said,
Shall be retorted on your head ;
So hear my words, you vaunting man,
Hear and repel them if you can ;
Give due attention as you ought,
Hear and confess your errors, Short !
Call me, now standing in your view,
By any name it pleases you ;
A wretch whom all my species shuns,
Enrol me with the simpletons ;
Call me a puny, plodding sheep,
But hear me, for I'm very deep.
For once the biter shall be bit—
Charles Short, your long head I'll outwit !
Not here your forgeries can have place,
I will expose them to your face :
To Whitbread, Sir, you never wrote,
His is a fabricated note,
Collusion, artifice, my friend,
From the beginning to the end ;

And presently I will expound
 On what I that opinion ground :
 Ere we develope that to you,
 We'll take a summary review.—
 I'm mad, a lunatic you cry,
 To Whitbread therefore you apply ;
 With matchless impudence you write,
 To give my case in black and white ;
 You talk about perverted temper,
 Not so by fits and starts, but semper ;
 To shew you've pretty terms for use,
 Series of years you introduce ;
 Then lying, Sir, through thick and thin,
 Mental derangement you bring in,
 And in th' Asylum, with all haste,
 You recommend my being placed.
 Your note perused, I turn my eye
 To read his Membership's reply ;
 Am told, in what you did desire,
 You're fully licensed by the Squire ;
 The Member's answer straight I read,
 And find a licence broad indeed ;
 Oh ! with what judgment is it writ.
 We find Macaulay—object fit,
 Asylum meets our 'visual ray,'
 And—take him there without delay ;
 Conceiving it the fittest station
 For persons in his situation.
 These pretty terms the ending claim,
 Or words of import much the same :
 And thus an order it is feigned,
 For my admission you've obtained.
 From all the favours you intend me,
 I loudly cry, Good Lord defend me !
 Is it, Celestials, is it just
 That pride should stoop to lick the dust ?
 Must now to one the word be given,
 Who ne'er yet yielded to be driven ?
 Must one—one of the stubborn sort,
 To whom submission ne'er was taught,
 Now bend to Whitbread and to Short ?
 And enter the Asylum's border,
 Pursuant to the Member's order ?
 Forbid it Reason—Law rebel,
 And damn the order straight to hell :
 Damn it, thrice damn it I repeat,
 'Twill here with no obedience meet :
 The truth no longer I'll defer,
 And will be more explicit, Sir,

My impudence shall here be checked,
So now, Sir, to the point direct :
This note of Whitbread's, held to view,
Is spurious, Sir, I warrant you,
Your double-dealing, graceless Short,
Shall be developed quick as thought ;
Yes in a twinkling I'll expound
On what I that opinion ground ;
For mortals in my wretched case
Th' Asylum is the proper place ;
As surely as I am half-witted,
So surely must I be admitted ;
Which to procure, an order, lo !
From Mr. Whitbread here you show :
Come hither, Mirth, with rapid strides,
'And Laughter holding both his sides.'
Now such an order I conceive,
Nay, confidently do believe,
Is, Sir, to speak without offence,
Not Whitbread's province to dispense
(Though possibly it is my fate
In this point to hallucinate),
Therefore the note, you may look glum,
From Southill never could have come.
Go, wondrous man, your fame exulting spread,
Or rather, Short, hide your diminished head !
A champion such as you, so yield the palm,
Macaulay deems unworthy of his arm,
Indignant thus your menaces he spurns,
Thus Whitbread's letter to a cipher turns !
Think not to gull me like my brother,
Play off your pranks upon another :
What more, Sir, have you to declare ?
Your imposition I've laid bare,
I've pierced, Sir, I have fairly rent
The nucleus of your argument ;
But if, suspecting I am out,
You could with vengeance turn about,
Could you concentrate all your force,
And charge me with your heavy horse ;
All that I've said could you confute,
Then browbeat me till I am mute ;
I mean, could you for Whitbread fight,
And vindicate his legal right,
Suppose my errors were removed,
Yet still my madness is not proved.
Just the reverse you seem to know,
But, Sir, your high commission show !
The Chancellor's order let me see,

Until which period, me, yes, me,
I beg you'll not presume to fix
In th' hospital for lunatics."

Thus spoke Macaulay, here he choose
To bring his nonsense to a close ;
His nonsense ?—what escaped my pen ?
The like will ne'er be heard again :
Let but Macaulay ope his lips,
His words all speaking do eclipse ;
By him your great men are excelled
In speaking he's unparalleled !
All orators he does outdo
That e'er circumfluent ether drew,
Of every procatactic age,
And those at present on the stage :
Not only such, of each condition,
But all that are in futurity ;
O'er all he bears priority,
That have been, are, and are to be ;
He's paramount, he sits sublime
In speaking prose and speaking rhyme :
In every mode of disputation,
Macaulay holds the highest station ;
In wrangling never known to flinch,
And is a genius every inch !
Now to be solemn, by the by,
Another story let us try :
Just here Macaulay held his peace,
His fine harangue he did surcease,
And well he might—for of such stuff
He sure had uttered quite enough :
On him Short kept a stedfast eye,
But was unable to reply ;
He then viewed Pither in the face,
Who did on Short his optics place ;
As one stuck pig looks at his brother ;
So these two looked at one another ;
Short stood as mute, as mute could be,
And Pither was as mute as he ;
So wheeling to the right about,
They took their precious persons out.

The above account of Mr. Short and Mr. Pither's interview with the author, must be accepted as the exaggeration of an irritated and unsound mind. Doubtless, these gentlemen conducted and expressed themselves with propriety, forbearance, and self-respect.—ED.

On the Various Forms of Mental Disorder,
(*Being the substance of Lectures delivered at the York School of Medicine*). By DANIEL H. TUKE, M.D., Visiting Medical Officer to the York Retreat.

(Continued from Page 466, Vol. ii.)

Having disposed of idiocy, cretinism, and imbecility, we will now pass on to the consideration of dementia, monomania, and the delusions, hallucinations and illusions of the insane.

DEMENTIA.—*Definition and Description.*

Dementia was thus defined by Pinel:—"Rapid succession or uninterrupted alternation of insulated ideas, and evanescent and unconnected emotions; continually repeated acts of extravagance; complete forgetfulness of every previous state; diminished sensibility to external impressions; abolition of the faculty of judgment; perpetual activity."

"Dementia," observes Esquirol, "must not be confounded with imbecility or idiocy. In imbecility neither the understanding nor sensibility have been sufficiently developed. He who is in a state of dementia, has lost these faculties to a very considerable degree. The former can neither look backward, nor into the future; the latter has recollections and reminiscences. Imbeciles are remarkable by their conversation and acts, which greatly resemble infancy. The conversation and manners of the insensate bear the impress of their former state. Idiots and cretins have never possessed either memory or judgment; scarcely do they present the features of animal instinct, and their external confirmation indicates clearly enough that they are not organized for thought. There exists, therefore, a form of mental alienation which is very distinct, in which the disorder of the ideas, affections, and determinations is characterised by feebleness, and by the abolition, more or less marked, of all the sensitive, intellectual, and voluntary faculties. This is *dementia*."

Some of the symptoms of dementia contained in Pinel's definition would appear to belong rather to mania; indeed these two conditions are often intimately connected together, and it very frequently happens that patients in dementia are subject, on the slightest excitement, to maniacal outbursts; and, on the other hand, patients in acute mania

are, in consequence of the rapid flow or succession of ideas, perfectly incoherent; and a stranger to the history of the case might be unable to decide whether the patient were demented and excited, or maniacal and temporarily incoherent. "We have found ourselves," says a modern writer, "often embarrassed in arriving at a diagnosis in such cases; we have, in consequence, been obliged to submit the patient to a more prolonged examination before giving an opinion. It is a good plan to attempt to make them write; if they do, we then see that they [the former] have forgotten their words and letters."

"In many acute diseases," observes Guislain, "there is an *oppression*, and not an *extinction*, of mental power. This remark is especially applicable to acute melancholy and acute mania, disorders in which the intelligence appears to be covered with a veil." Pinel thus distinguished dementia from mania:—"In *mania* there are important lesions of the powers of perception, imagination, and memory; but the faculty of judgment and the association of ideas remain. . . In *dementia*, there is no judgment, either true or false."

A considerable proportion of the patients in asylums for the insane afford, unfortunately, examples of dementia in its various stages, from its slightest and most incipient form to that in which the patient has no longer any just perception of the objects around him; can no longer reason; has completely lost the comparing faculty, and has left to him little more than the functions of vegetable and animal life. "Indifferent to everything, nothing affects the demented. They sport and play when others are in affliction. They shed tears and utter complaints when every one else is happy, and when they ought to be so themselves. If their position is unpleasant they do nothing to change it. The brain being in a state of atony, and no longer furnishing sensations for the production of ideas upon which to reason, nor data upon which to form a judgment, the determinations are vague, uncertain, variable, without aim, and passionless. Those who are in a state of dementia are destitute of spontaneity. They no longer determine, but abandon themselves; yielding implicitly to the will of others."*

The outward signs of dementia may, when long continued, be well pronounced in the countenance. It very often happens, however, that when at rest, an observer would fail to discover in the facial expression the mental condition of the patient; but on asking him a question his true state

* "Maladies Mentales," (Hunt's Edit.) p. 418.

becomes at once apparent. The vacant and puzzled look, the lack-lustre eye, the weak smile or meaning-less laugh, betray the patient's dementia. His physiognomy, being the fixed expression and impress of his former sane mind, may remain unaltered; but his pathognomy, being the involuntary reflex of his actual psychical condition when called into action, exhibits all its deficiency and all its degradation—

“And the inglorious likeness of a beast
Fixes instead, unmoulding reason's mintage,
Charactered in the face.”— (Milton.)

In this, dementia differs from those forms of mental deficiency which have originated in a congenital or infantile condition—idiocy and imbecility—and in which there is an unvarying accordance between the physiognomy and psychical power. In dementia, on the contrary, although occasionally indeed not one stone is left standing upon another of the once glorious temple of thought, we may frequently trace in the yet undistorted facial lineaments many vestiges which bear witness to the patient's original mind.

Esquirol notes among the physical symptoms of dementia, “a pale face, the eyes dull and moistened with tears, the pupils dilated, . . . the body now emaciated and slender, and now loaded with flesh; the face full, the conjunctivæ injected, and the neck short.” This description, however, must be taken in a very general sense, and open to many exceptions. Incurable dementia is but too surely indicated by the inclination of the head forwards. Apart from cases of paralysis there is a general relaxation of the muscular system, often manifested in the walk, and not unfrequently the cause of the crouching attitudes patients in dementia assume. So justly has muscular power been termed the *pulse* of mental affections.

The physical health of patients thus affected is in general, as Dr. Prichard remarks, tolerably good; they are often fat, have good appetites, digest their food, sleep well, and if in the previous stages of the disease they had been emaciated, they often recover their natural degree of plumpness on the approach of dementia.* Consequently the return of bodily health, unaccompanied by mental improvement, augurs badly for patients suffering from mania or melancholy.

Dementia, or incoherence, may be divided into several stages. The following are those adopted by Dr. Prichard.†

The first may be termed that of *forgetfulness*, or *loss of*

* “Treatise on Insanity,” p. 96.

† Op. Cit., pp. 88, 89, et seq.

memory. Its chief characteristic is a failure of memory, especially as to recent events. The power of reasoning within the sphere of distinct recollection is not remarkably impaired, and the faculty of judgment is exercised in a sound manner.

The second stage brings with it a total abolition of the power of reasoning, depending on a loss of voluntary control over the thoughts. It may be termed a stage of *irrationality*, or *loss of reasoning*.

In the third stage the individual affected is incapable of comprehending the meaning of anything that may be said to him. It may be styled the stage of *incomprehension*. It is the confirmed stage of incoherence; that epithet applying to it in a still more striking manner than to any other degree of the disease. It might also be termed the instinctive stage. Reason being entirely lost, and the instinctive or mechanical principles of action, as they are termed, still remaining in vigour, the latter display themselves more remarkably.

The fourth and last stage is characterised by loss of instinctive voluntary actions. Even the animal instincts are lost. The miserable victim of disease, when reduced to this state, has merely organic or physical existence; he appears scarcely conscious of life, has neither desires nor aversions, and is unable to obey the calls of nature. This is the stage of *inappetency*, or *loss of instinct and volition*.

"Scarcely any exhibition of human suffering," observes Dr. Prichard, "can be more deeply affecting than the aspect of a group of lunatics reduced to the last stages of fatuity; and those who have never witnessed such a spectacle can hardly imagine so abject a state of mental degradation. In a group of this description an individual may be seen always standing erect and immoveable, with his head and neck bent almost at right angles to his trunk, his eyes fixed upon the ground, never turning them round or appearing by any movement or gesture to be conscious of external impressions or even of his own existence. Another sits on a rocking chair, which she agitates to and fro, and throws her limbs into the most uncouth position, at the same time chanting or yelling a dissonant song, only capable of expressing a total inanity of ideas and feelings. Many sit constantly still, with their chins resting on their breasts, their eyes and mouths half open, unconscious of hunger or thirst, and almost destitute of the feelings which belong to merely physical life; they would never lie down or rise were they not

placed in bed and again raised by their attendants. A great proportion of the patients who are reduced to this degree of fatuity are found to have lost the use of their limbs in a greater or less degree by partial or general paralysis."

Dementia may be either primary or secondary; acute or chronic. It may also be simple or complicated; it is occasionally remittent, but rarely intermittent.

It is *primary* when it is the first stage of the mental disease of the patient; and when this occurs, it is perhaps one of the most painful forms of insanity; the patient often being acutely sensible of a gradual loss of memory, power of attention, and executive ability. At this period the distinction is often well marked between the strictly intellectual and affective disorder, since, in association with the preceding deficiencies, the affections of the patient are remarkably warm, and his moral sense totally unimpaired. As generally presented to our notice, however, dementia extends far beyond the first class of mental disorders—those, namely, involving the intellectual faculties—and involves in the mental ruin the moral feelings, to a greater or less extent, also.

Moral alienation is indeed so constant a feature when the patient comes under care, that Esquirol regarded it as the proper characteristic of mental derangement. "There are madmen," says he, "in whom it is difficult to discover any trace of hallucination, but there are none in whom the passions and moral affections are not disordered, perverted, or destroyed. I have, in this particular, met with no exceptions." On the other hand, it is sometimes remarkable to witness the slight degree in which the affections have been weakened by an attack of insanity, surviving in fact an injured intelligence, in accordance with the remark of Pinel, that he had no where met, except in romances, with fonder husbands, more affectionate parents, more impassioned lovers, more pure and exalted patriots, than in his intercourse with the insane.

Dementia is much more frequently *secondary*; that is, the consequence of other diseases of the mind. Thus, during 44 years, while 277 cases of mania and 215 of melancholia were admitted at the Retreat, only 48 of dementia were admitted during the same period; yet at the end of that term, there were remaining in the institution 20 patients in a state of dementia out of 91 inmates.

Mania very often degenerates into dementia; as also do melancholia and monomania. Esquirol states that of 235 patients in dementia, he found that there were 33 who had

been maniacs, or monomaniacs; the proportion is probably in general much greater than this, especially if cases of senile dementia were excluded. Again, the mortality in asylums is chiefly among the demented. Thus, during forty-four years at the Retreat, the proportion of deaths per cent of the admissions was, in dementia 43·75; while in monomania it was 28·12; and in mania 18·79. And at Charenton, of 221 patients who died, 115 were demented, 60 laboured under mania, and 43 under monomania; results to be expected, not only from the constant tendency of mania, and other forms of mental derangement, to pass into dementia, but from the large number of cases in which dementia is associated with general paralysis. This remark, while applying to the statistics of Charenton, does not apply to those of the Retreat, in which general paralysis is a rare disease.

It may here be observed, that the term dementia may be, and sometimes is, too indiscriminately employed. All writers of authority agree in representing an impairment of the memory as one of the earliest symptoms of dementia; but I believe cases are occasionally classed under incipient dementia, in which close observation would shew that the memory is unimpaired, both as regards circumstances long passed, as well as those of recent occurrence. It is often rather a torpid condition of the mind, falling under the division "apathetic insanity," which ought not to be confounded with dementia, and in which the prognosis differs so much, that if recovery take place, a very false inference would be drawn in regard to the curability of genuine dementia.

The *acute* form of dementia is very rare. M. Brierre mentions a case in which the incoherence was complete; the patient did not speak two rational words in succession; she resembled, in fact, a person in second childhood. Fifteen days after her admission, her conversation began to exhibit some degree of sense; every day some improvement took place, and she went out at the end of a month perfectly cured, dying three years afterwards, without having had any relapse. When M. Brierre first saw this patient, he pronounced her to be incurable. Another example was afforded by a woman who was in a most confused condition of mind, and talked very incoherently; loss of memory was marked; she forgot when she had just had a meal, and would say that she had had a long walk, although she had not left her bed. Warned by the previous case, M. Brierre observed to the patient's medical attendant, "If this were the first case, I should declare it incurable; but the rapid course of the

symptoms, the analogy which I observe between this patient and another I have seen, makes me hesitate, and I shall not be surprised if this patient recovers." In one month, she was entirely restored to reason.

Esquirol gives as an illustration of this form the following case only. The patient, when 20 years of age, had for three months violent pain in the head. She suffered from insomnia for four days, and afterwards from delirium. She was brought to the Salpêtrière in a state of mania, which lasted for nearly two months. The patient then sunk into a state of complete dementia. She appeared insensible to everything that was passing around her; did not change her place; spoke not, and did not reply to questions addressed to her. This state continued for two months, when Esquirol applied the actual cautery to the neck; this provoked a general irritation, and a maniacal delirium, which lasted for several days. A month afterwards the menses re-appeared. The patient became convalescent, and her tastes and habits of thought such as they were previous to her illness.*

When dementia becomes *chronic*, the general description which has already been given of the disease, more especially applies, and then the prognosis must ever be most unfavourable.

Fever, and acute maniacal paroxysms have, however, occasionally been the means of restoring to reason, patients apparently sunk in hopeless dementia. Of the effects of the former, several instances are on record. To the influence of the latter, Pinel especially bears witness. "Many, especially young persons, after having remained several months or years in a state of absolute dementia, are attacked by a paroxysm of acute mania, of 20, 25, or 30 days continuance. Such paroxysms, apparently from a reaction of the system, are in many instances, succeeded by perfect rationality." He relates the case of a man in whom dementia had been induced by over depletion, and "all the functions of the understanding obliterated." Prior to recovery, "his countenance was flushed, his eyes wild and prominent, attended by febrile excitement, extreme agitation, and at length complete delirium. Thus raised to maniacal consequence, our hero sallied forth, and provoked and insulted every person he met with as he went along. He continued for twenty days in a state of delirious excitement, when a calm succeeded, and the dawn of reason faintly glimmered above the tempest. Moderate employment and regular exercise, co-operating

* Op. cit. p. 434.

with the energies of nature herself, restored him in a short time, to the full enjoyment of his intellectual faculties."

Senile dementia may be regarded as another variety, although when established, it differs little in its symptoms from the chronic form.

Causes.—The following are given by Esquirol in 235 cases :

I. Physical—Menstrual disorders, 15 ; critical period, 35 ; consequences of confinement, 8 ; falls upon the head, 3 ; progress of age, 49 ; ataxic fever, 3 ; suppression of hemorrhoids, 2 ; mania, 18 ; monomania, 15 ; paralysis, 5 ; apoplexy, 2 ; syphilis, and abuse of mercury, 3 ; errors of regimen, 6 ; abuse of wine, 6 ; masturbation, 11.

II. Moral—Disappointed affection, 5 ; frights, 7 ; political shocks, 8 ; disappointed ambition, 3 ; want, 5 ; domestic trials, 12 ; unknown causes, 14. Total, 235.

He adds, "moral causes give rise to dementia more frequently among women than men ; and more readily among persons already affected with alienation, than those who enjoy the full measure of the understanding. They are indeed so few, that I take an account of them only for the purpose of shewing how small is their proportion relatively, to the other varieties of insanity. They act with more energy in the higher classes of society than the lower. The disorders and cessation of the menses, cerebral fevers, chronic inflammations of the brain and its meninges, together with congestions, are the most frequent causes of dementia, especially in advanced life. The abuse of mercury, errors of regimen, onanism, epilepsy, syphilis, and blows upon the head succeed them. I have known dementia occasioned by dwelling in a house recently built, in the case of a rheumatic person ; by lotions of cold water upon the head, in the case of a man who perspired copiously and habitually from this part ; by the suppression of an abscess, following variola ; the checking of a coryza ; by the retrocession of gout, and the repercussion of herpes. Epilepsy often causes dementia. Thus in the hospital of the Salpêtrière, among 289 epileptics, more than 30 are in a habitual state of dementia."

Pinel gives several remarkable examples of sudden joy, and sudden grief, producing dementia. "An engineer proposed to the Committee of Public Safety, in the second year of the Republic, a project for a newly-invented cannon. A day was fixed for the experiment, and Robespierre wrote to the inventor so flattering a letter, that upon perusing it, he was transfixed motionless to the spot. He was shortly after sent to the Bicêtre, in a state of complete dementia. About

the same time, two young conscripts who had recently joined the army, were called into action. In the heat of the engagement, one of them was killed by a musket ball, at the side of his brother. The survivor, petrified with horror, was struck motionless at the sight. Some days afterwards, he was sent in a state of complete dementia to his father's house. His arrival produced a similar impression upon a third son of the same family." "My sympathy," adds Pinel, "has been frequently arrested by the sad wreck of humanity presented in the appearance of these degraded beings; but it was a scene truly heart-rending to see the wretched father come to weep over these miserable remains of his once enviable family."

In regard to the causes of senile dementia, "it is," observes Prichard, "a condition to which old age may be said to have a tendency, and to which in the last stage of bodily decay, some approximations are readily to be perceived. The change which time alone will perhaps, sooner or later, bring on in those who long survive the allotted duration of man's days, may be accelerated by a variety of circumstances. Among these is a life of too much activity and excitement, of mental exertion beyond what the constitutional strength of the individual is capable of supporting without constant effort; excessive anxiety and eagerness in the pursuit of business, or intense and unremitted application to studies of whatever kind. A second cause is the too liberal use of vinous or other alcoholic liquors. The same affection has been observed frequently to make its appearance in men long engaged in active pursuits, soon after they have relinquished their business or professions, and have laid themselves by to enjoy ease and leisure for the remainder of their days. The disease often appears in a more marked and sudden manner in elderly persons who have sustained a slight attack of apoplexy or paralysis, which has perhaps been speedily recovered, and might be expected to have left but slight traces of disease. That expectation is verified, so far as the sensitive and motive powers are concerned, but the seat of intellect is found to have been shaken to its very centre."

Pathological Anatomy.—It has been clearly demonstrated by Dr. Bucknill, in an admirable article on the Pathology of Insanity in *The Medico Chirurgical Review*, that among the pathological changes which take place in the brains of the insane, the most characteristic is, shrinking of its substance. This might *à priori* be expected to apply more especially to the condition of the brain in dementia. Now the shrinking of the brain in the entire 63 cases examined, averaged $5\frac{1}{4}$ ozs.;

while, if we take the cases of dementia solely, the average atrophy would be $8\frac{1}{8}$ ozs. In these latter I have excluded those cases of dementia complicated with epilepsy ; including such instances, the average would be lower, namely $7\frac{1}{4}$ ozs. It would appear that in epileptic cases, unless the disease has produced a considerable amount of dementia, shrinking of the brain is not detected.

As regards senile dementia, "cerebral atrophy," observes Dr. Bucknill, "is a constant concomitant of this form of mental decay, and may be always looked for, in extent varying with the loss of mental power, which has occurred before death closes the scene. . . . That cerebral atrophy in aged persons is not dependent upon failure of the functions of alimentation and general assimilation, is shewn by the fact that persons suffering from such atrophy are for the most part well nourished as relates to the body at large. That some cases of cerebral atrophy do depend upon defective alimentation is more than probable. . . . But it may be asked, in reference to senile dementia, whether a gradual decay of the great nervous centre is not an inseparable concomitant of advancing age, and whether the failure of its functions is not the certain and necessary cause of death, in default of other causes which may all be called accidental ? When the golden bowl of life is not broken by chance, is not the nervous tissue the silver thread which must give way under the tension of age, and the implacable shears of destiny ? The constant decadence of mental power in advancing life, and the annihilation of mind when the course of life has been greatly prolonged, indicate that such is the fact."

The result of Esquirol's observations was, that "persons dying in a state of dementia offer a greater number of cadaveric lesions than are to be found in the other varieties of insanity. . . . Everything indicates in this disease, a compression, sinking, and collapse of the encephalon. Is this state caused by the engorgement of the vascular system, or by the lessening of the cerebral circulation ? Do not the arteries, having lost their elasticity, or being ossified, propel with sufficient energy the blood which flows languidly in veins already too greatly dilated ? Does not the inflammation of the meninges, by thickening the membranes, or by provoking a too abundant serous exhalation, induce the compression ? Does not the contracting of the cranial cavity, by the separation of the internal table, particularly of the coronal portion, contribute to compress the brain ?" As

Dr. Bucknill observes, opinions on the ultimate nature of the nutritive defect which results in cerebral atrophy must necessarily be speculative, since the ultimate nature of nutrition itself is unknown to us; at the same time "it must be considered an established rule, that a common source of perverted nutrition is the change effected in the intimate structure of organs by inflammatory action." Its apparent and exciting causes are thus classified by the last-mentioned writer; first, poverty of blood, in those predisposed; secondly, a derangement of the connection between the nervous and vascular systems, as must happen when there is disease of the cerebral capillaries, in consequence of fatty or earthy decay; thirdly, molecular changes effected by blows or concussions and followed by atrophy; fourthly, inflammation and frequent or long-continued congestion. "That this state effects changes in the tissues, which, if not speedily repaired, must be followed by conditions of degraded nutrition, is proved by the pathology of every organ in the body. The brain offers no exception: the capillaries become blocked up, or their coats become spoiled for the purposes of nutritive regeneration of the tissues." Lastly, want of rest and sleep, in consequence of which the nutrition of the brain is interfered with.

Chemical analysis of the brain in old age, shews that it approaches nearer to the composition of that of the idiot in regard to three most important constituents, namely, phosphorus, fat, and albumen; all of which exist in less quantities in the old and in idiots, than they do in the healthy adult.*

In concluding our consideration of the pathology of this form of insanity it will be necessary to present a summary of the lesions most commonly met with in the dead-house. At the same time, it must be admitted that they are by no means peculiar to dementia; they rather belong to all chronic forms of mental derangement.

The skull is often much thickened, sometimes throughout, but more frequently thin and diaphanous in some places; dense, sometimes, like ivory, at other times spongy. Dura mater frequently adherent to the cranium. Effusion into the arachnoid cavity, in which a fibrinous layer is occasionally found, the result in some instances of effused blood, but in others probably due to fibrin poured out. Arachnoid thickened, opaque; fluid beneath. Pia mater infiltrated, adherent to brain. Convolutions flattened and more or less atrophied, marked occasionally with small lacunæ or pits.

* *Vide* "L'Heretier's *Traité de Chim. path.*" p. 596.

Grey substance harder, sometimes softer than normal, the upper layers being frequently the former, while the lower are the latter. "The white substance," says Esquirol, "loses its natural hue. It is of a duller colour, more dense and consistent. . . . I have twice seen a brain which presented the aspect, and nearly the colour and density of Swiss cheese, in the case of women who died paralytic and demented. We also find certain portions of the brain softened and others hardened." Amount of serum in the ventricles large; lining membrane thickened. "The adhesions of this membrane are," says Esquirol, "constant; they are rare in the other ventricles, and obliterate the appendix, known by the name of the digital cavity. This appendix is almost always separated from the remainder of the ventricle, by adhesions which allow of only one or two openings between the ventricle and its posterior cornu. This membrane often adheres to the portion which covers the striated body. These adhesions, which are more or less extended, cause the ventricles to lose their true character." The choroid plexuses very often contain serous cysts of various sizes. The arteries of the brain, especially at its base, are frequently the seat of atheromatous deposits.

From dementia, which with idiocy, cretinism, and imbecility, belong to deficient or depressed conditions of our intellectual constitution, we pass to monomania and delusional insanity, which, for the most part, exemplify undue intensity and exaltation of the conceptive and perceptive faculties.

Monomania, or partial insanity, is characterised by some particular illusion or erroneous conviction impressed upon the understanding, and giving rise to a partial aberration of judgment: the individual affected is rendered incapable of thinking correctly on subjects connected with the particular illusion, while in other respects he betrays no palpable disorder of the mind.—(Prichard.)

This definition sufficiently describes *intellectual monomania*, with which alone we are now concerned. There is, however, also an *affective monomania*; and a mania without delirium, or *instinctive monomania*; these will demand our attention subsequently.

This term was first employed by Esquirol. Previously, the word melancholia was made use of; the employment of which was objected to by that writer on the ground that partial insanity is not necessarily melancholic. Dr. Prichard makes an observation to the effect that had the classic sense of the word, melancholia, not been lost, its adoption to

signify pleasurable as well as gloomy partial insanity would not have appeared paradoxical, for ancient authors attached no idea of despondency, but only madness to the term. This, however, is scarcely correct; for although no doubt the Greeks employed the word somewhat loosely, they did certainly attach the idea of gloom to it, when strictly defining it. Hippocrates, in one of his aphorisms, says, "If fear or distress continue for a long time, this is a symptom of melancholy."* And in other places he distinguishes melancholy from mania by the absence of violence. At other times, however, he applies the word to madness in general. It appears, moreover, that the ancients believed that black bile was the cause of mania as well as of melancholy, consistently with the opinion of Horace, who, in regard to a madman in a condition the opposite of melancholy, says, "with strong hellebore they drove out the disease and the bile together."

Modern writers, before Esquirol, used the word melancholy to convey the idea of derangement on some particular point, whether accompanied by gloom or mirth. Thus Cullen included under melancholy, "hallucinations about the *prosperous*" as well as "the dangerous condition of the body." Dr. Good speaks of "a *self-complacent* melancholy," and defines melancholia as an alienation confined to a few objects or trains of ideas, quite irrespective of their depressed or exalted character. It was for melancholy used in this sense that Esquirol introduced the word monomania, restricting the term *lypemonia* to the state popularly understood as melancholia. "In lypemonia," he observes, "the sensibility is painfully excited or disturbed; the sorrowful and depressing passions modify the intelligence and the will. The lypemaniac fastens upon himself all his thoughts, all his affections; is egotistical and lives *within* himself. In monomania, on the contrary, the sensibility is agreeably excited; the gay and expansive passions re-act upon the understanding and the will. The monomaniac lives *without* himself, and diffuses among others the excess of his emotions."† In illustration of the former, this writer refers to the case of the woman who did not dare to bend her thumb lest the world should come to an end, and to that of the man who imagined the earth covered with a shell of glass, under which were serpents, and did not dare to walk for fear of breaking the glass and being devoured by them. Under monomania proper, he introduces those cases in which

* Ην φόβος ἢ δυσθυμία πολλὸν χρόνον διατελέη, μελαγχολικὸν τὸ τοιοῦτον.

† Op. cit., p. 320.

patients believe themselves to be illustrious personages, as sovereigns, &c. Monomanias, therefore, by Esquirol and the French writers who have followed him, are divided into those of a pleasurable kind (*amenomania*) and those of a gloomy character (*lypomania* or *melancholia*). To these, in their relation to the emotions, we shall have to recur when we come to the second and third classes of mental disease. "In our opinion," observes M. Baillarger, "the word monomania best designates all the cases of partial delirium with a dominant series of ideas, whatever may be the accessory phenomena, the number or variety of false secondary ideas." "A fixed idea in fact," he elsewhere remarks, "like the delirium of mania, like hallucinations, the result of the involuntary exercise of the faculties, overcomes the will in consequence of a diseased condition of the brain."

To delusions in general (delusional insanity) we must now direct our attention, as naturally arising out of the consideration of monomania, of which they often form such striking illustrations.

There are several terms made use of by psychologists, of which it is necessary to have a clear understanding, but regarding which, unfortunately, great confusion exists among writers on insanity. I refer to the terms, hallucination, illusion, and delusion. The words themselves do not convey to the mind the sense in which they are employed. If we consult *Johnson*, we find under *hallucination*, the following definition: "error, blunder, mistake, folly;" while *illusion* is defined to be, "mockery, false show, counterfeit appearance, error;" and *delusion*, "a false representation, illusion, error, a chimerical thought." From these definitions, which are certainly not remarkable for their discrimination, we may however infer, that the lexicographer recognised the distinction between the first and the other two words, to consist in the former being simply a state of passive error, while the latter implied the causing others to err. This is consistent with the sense attached by Latin writers to the verbs from which they are derived.

Cicero says:—

"Quæ Epicurus oscitans *alucinatus* est."

And Virgil,

"Circumfusa ruit, certantque *illudere* capto." And the same writer in another place says:—

"Aut quæ sopitos *deludunt* somnia sensus."

Hallucinor, or *allucinor* (more correctly *al*), is derived by Dr. Wm. Smith from *αλυω*, *αλυσκω*, and is thus rendered in

his Dictionary, "to wander in mind, to mistake," &c., while *illudo* is "to play upon, to ridicule;" and *deludo*, "to play false with, to mock, to delude."

Hence, *illudo* and *deludo* are, classically, synonymous, and differ from *hallucinator* in signifying to deceive, or to illude. When there is deceiving, an agent that deceives is implied; and it has probably been in this way that the meaning respectively attached to the words *illusion* and *hallucination*, about to be mentioned, has originated.

Arnold recognizes important distinctions, in regard to errors of the senses and the understanding, when he says, in speaking of ideal insanity, it is that state of mind "in which a person imagines he sees, hears, or otherwise perceives or converses with persons or things, which either (1.) have no external existence to his senses at that time; or (2.) have no such external existence as they are then conceived to have; or (3.) if he perceives external objects as they really exist, has yet erroneous and absurd ideas of his own form, and other sensible qualities;" and he distinguishes all these from (4.) "that state of mind in which a person sees, hears, or otherwise perceives external objects as they really exist as objects of sense, yet conceives such notions of the powers, properties, state, &c., of things and persons, of himself and others, as appear obviously and often grossly erroneous, or unreasonable, to the common sense of the sober and judicious part of mankind." Now the only difference between the third and fourth division is, that in the former a man has a false notion about the *form*, and in the latter about the *properties* of some person or thing, in spite of their appearing to his senses as they really are. They agree in their involving no false sensation, and although we speak of *form*, no false image whatever is present to the mind.

To these several conditions Arnold did not assign the particular terms we are now discussing; but it will be found that his first division answers to the scientific use of the word *hallucination*; the second division—and by some writers the second and third—to that of *illusion*; and the third and fourth divisions to those false notions which do not, strictly speaking, involve sensation. And while the word *delusion* may be employed in a general sense to comprise all these divisions, the phrase *delusion proper* would naturally imply any error which is neither an *illusion* nor a *hallucination*.

The word *delusion* is generally used by English writers to

include all the various errors to which reference has been made, whenever those errors are not corrected by the understanding. "As long as the judgment," observes Dr. Winslow, "retains the power of correcting the false impressions made through the sensuous organs upon the brain, the notices thus conveyed to the mind cannot, in scientific phraseology, be called either illusions, delusions, or hallucinations; but they become so when they are extravagant and unreasonable in their character, and the judgment ceases to operate in rectifying the false ideas, and the conduct of the individual is evidently influenced by them. This we feel assured to be the only safe principle to guide us in the use of these important medical terms, particularly when giving evidence in courts of judicature. . . . In a court of justice the terms illusion and delusion should always be used synonymously, and the greatest caution should be exercised not to mislead and confuse the jury by the use of pedantic phraseology, or by attempting to draw, while in the witness box, precise psychological distinctions between words conveying a recognized popular signification." I am disposed to think this recommendation is just, especially as cases will frequently occur in which considerable doubt would be felt, and a difference of opinion exist, as to which term ought to be employed. This, however, need not prevent us clearly recognizing the scientific distinctions which have been pointed out, and which in psychological literature may with great advantage be admitted.

A man, then, may be labouring under an error in three principal ways:

An object may appear to be present before his eyes (to take, in illustration, the sense of sight) which has no existence whatever there: he experiences sensations, although no material objects act upon the senses at the time. (Hallucination.) If unable to correct or recognize them, when an appeal is made to reason, he is also insane.

Secondly, an object may appear to his eyes in an entirely different form to that which it actually has. Here the sensations are produced by the false perception of objects. (Illusion). If unable to correct or recognize them, when an appeal is made to reason, he is also insane.

Lastly, a person may (independently of *false inductions*) have certain false notions and ideas, which have no immediate reference to the senses, as in the two preceding instances; as for example, when he believes himself or some other person to be a king or a prophet; or that there is a conspiracy against

his life; or that he has lost his soul. Or, as another example, he may believe himself to be a tea-pot, without seeing or otherwise perceiving any change in his form.

In all examples under this last head a man is necessarily insane. He cannot have a false belief, (not simply a false induction, but) the result of disease, and unconnected with the senses, without the mind itself being unsound.

When there is no morbid perception, but only a false conception, the French employ the expressions, "conceptions fausses," "conception delirante," and "convictions delirantes."

Instances, however, will occur, as has already been intimated, in which a difference of opinion will exist as to the class to which they ought to be referred. In the example referred to of a man believing himself or any one else to be a tea-pot, Brierre de Boismont would say that he was labouring under an illusion: but such a case would appear to me more properly referrible to the third class—that of false notions or conceptions.* There is no false sensation; unless, indeed, we follow Condillac, who regarded imagination itself as only a mode of sensation, and held that "sensation embraces in itself all the faculties of the soul." If it be argued that as conception is, in metaphysics, a power which enables us to form a notion of an *absent* object of perception or of some previous feeling of the mind; and that, therefore, the object being present, the error must be regarded as an illusion, we should be reduced to the absurdity of regarding a man who believes any one to be a tea-pot, as labouring under an illusion while the person is present, and a false conception (or delusion proper) directly the person has left him. The only practical mode of avoiding the difficulty is, I think, to consider in any case whether there is involved a false perception, be it visual, auditory, olfactory, gustatory, or tactile.

Again, Brierre de Boismont gives as an example of illusion, an individual believing that an entire stranger is his wife, or Napoleon Bonaparte. In the majority of such cases, however, there need be no illusion of any of the senses. Thus a patient informs me, who when she was insane believed a particular person to be the enemy of mankind, that his appearance was then in no respect different to what it is now;

* Esquirol, in reference to such cases, speaks of patients losing their *personal identity*. But this sense is, in reality, no more lost than when the delusion has regard to some extraneous object. In fact, Brown draws one of his strongest arguments in favour of the universality of the consciousness of personal identity from the fact, that "even the very maniac, who conceives that he was yesterday emperor of the moon, believes that he is to-day the very person who had yesterday that empire."—(*Philosophy of the Human Mind*, p. 83.)

but the patient added, "*Ideally*, he seemed nothing but Satan." On my asking whether she was not surprised at the individual not having the external form vulgarly attributed to him, she gave a reply which was doubtless the correct scientific explanation of the fact, "I do not think I had enough reasoning power to be aware of any inconsistency in my belief."

It may here also be remarked that while in genuine illusion and hallucination, no appeal to the reason, even if that appeal succeed in producing conviction, alters the *appearance* of the object; in delusion proper, once convince the patient of the absurdity of his belief, and the disorder itself entirely vanishes. This is well illustrated by the cure of the man who thought his legs were made of glass. His servant, we are informed, bringing one day some logs of wood to mend the fire, threw them carelessly down, for which her master who was terrified for his legs of glass, severely reprimanded her. The surly maid, who was heartily tired of her master's insanity, gave him a smart blow on the leg with one of the logs, which hurt him a good deal, and so provoked him, that he rose from his seat (from which he never walked for fear of breaking his legs) in a violent hurry, to revenge the insult. Soon after, when his anger was abated, he was happy to find that his legs were able to support him; and his mind was from that time perfectly freed from this absurd imagination.*

Patients have believed themselves transformed into wolves (lycanthropia), dogs (cynanthropia), lions, cats, cows, sparrows, cuckoos, earthen vessels, pipkins, jars, tea-pots, &c. Some have supposed themselves to be grains of wheat, and have been for ever in apprehension lest they should be so unfortunate as to be eaten up; and a lady is recorded to have believed herself to be a goose pie. It is related of a man that he believed himself to be Atlas, supporting the world on his back, and was in great dread lest it should fall and crush, not only himself, but all mankind to atoms.†

We learn from Cellini's autobiography that the governor of the castle in which he was confined "had annually a certain periodical disorder, which totally deprived him of his senses, and when the fit came upon him, he was talkative to excess; every year he had some different whim; one time he conceived himself metamorphosed into a pitcher of oil; another time he thought himself a frog, and began to leap as such; another time again he imagined he was dead, and it was found neces-

† Van Swieten: cited by Arnold, vol. i. p. 127.

† Arnold, vol. i. pp. 124, 129, 133.

sary to humour his conceit by making a show of burying him. Thus had he every year some new frenzy. This year he fancied himself a bat, and when he went to take a walk, he sometimes made just such a noise as bats do; he likewise used gestures with his hands and his body, as if he were going to fly.*

In all these examples, there appears scarcely to be implied a morbid sensation; at the same time, in some of them, the false idea may have originated in a morbid sensation. This may perhaps be suspected when a man believes himself to be made of butter, wax, &c. The case of the man who believed that his legs were made of glass, would by many be called an example of illusion; but I do not think it is necessarily so. He might not, in the proper sense of the word, *feel* that his legs were vitreous; he would probably only conceive them to be so; and he would not, I imagine, contend that they *looked* like glass. In any instance, however, in which the patient does so feel or see, the terms would, doubtless, be correctly applied. When a man after amputation of the leg, feels it still to be there, he unquestionably does so from false sensations, which, however, he corrects by the testimony of his other senses.

The following is a case which will at once serve forcibly to illustrate the strange delusions to which patients are subject, and also the ill-defined boundary line which often separates a false conception, or intellectual belief, from an illusion. It would probably be generally regarded as "an illusion of hypochondriasis;" but I think it is, at least in some of its features, illustrative of delusion proper. A patient † at the

* Vol. i. p. 339.

† Another patient, equally deranged, thus described him in verse:—

"A miracle, my friends, come view,
A man, admit his own words true,
Who lives without a soul;
Nor liver, lungs, nor heart has he,
Yet, sometimes, can as cheerful be,
As if he had the whole!

"His head (take his own words along)
Now hard as iron, yet ere long
Is soft as any jelly;
All burnt his sinews, and his lungs;
Of his complaints, not fifty tongues
Could find enough to tell ye.

"Yet he who paints his likeness here,
Has just as much himself to fear;
He's wrong from top to toe:
Ah! friends, pray help us, if you can,
And make us each again a man,
That we from hence may go."

—Description of the Retreat, p. 152.

Retreat gave this description of himself: "I have no soul; I have neither heart, liver, nor lungs; nor anything at all in my body, nor a drop of blood in my veins. My bones are all burnt to a cinder; I have no brain, and my head is sometimes as hard as iron, and sometimes as soft as a pudding."

The expressions "hard" and "soft" would appear to imply that the patient experienced such sensations, and therefore this latter error I should refer to the head of illusion; but the error the patient had fallen into in regard to the loss of his soul, &c., belongs surely to a different class, to that namely of false conceptions, independent of any sensation properly so called.

Many examples of lycanthropia (to which reference has been made) are on record, although an exceedingly rare disease, as compared with other forms of insanity. It was recognised by ancient writers. "Those labouring under lycanthropia," says Paulus Ægineta, "go out during the night, imitating wolves in all things, and lingering about sepulchres until morning. You may recognize such persons by these marks: they are pale, their vision feeble, their eyes dry, tongue very dry, and the flow of the saliva stopped; but they are thirsty, and they have incurable ulcerations from frequent falls." Haly Abbas described a disease, which he called *melancholia canina*, observing that the patient delights to wander among tombs, imitating the cries of dogs.*

This remarkable disorder spread throughout Europe in the 14th and 15th century. "Those suffering under wolf-madness and dog-madness abandoned their homes to resort to the forests, allowing their nails, hair, and beard to grow, and carrying their ferocity so far as to mutilate, and sometimes to kill and devour children. In the year 1521, Peter Burgot, Michael Verdun, and another, were tried for this strange affection, and pleaded guilty. Peter Burgot avowed that he had killed a youth with his wolf-paws and teeth, and would have eaten him, if the peasants had not given him the chase. Michael Verdun admitted that he had killed a little girl gathering peas in a garden, and that he and Burgot had killed and eaten four other girls. These three unfortunate persons were all burned alive."†

At the asylum of Maréville, there was not long since a patient, the youngest of five brothers, who had all been insane, whose condition was as follows:—He was a prey to the most fearful apprehensions of future punishments for imaginary

* Paulus Ægineta, vol. i. p. 390.

† "Des Hallucinations," p. 327.

crimes; all his limbs trembled while he implored the assistance of Heaven, and of his friends. Soon after, he rejected every attempt made to console him, and all his thoughts became concentrated upon one idea. He thought he was a wolf. "See this mouth," he exclaimed, separating his lips with his fingers, "this is the mouth of a wolf, these are the teeth of a wolf; I have cloven feet. See the long hairs which cover my body; let me run into the woods, and you shall fire at me with a gun." Some time after this, when in an improved condition, he enjoyed nursing some children; but scarcely had they left him, when he exclaimed, "The unfortunates! they have embraced a wolf." At another time he refused to eat his meals, but said, "Give me raw meat, for I am a wolf!" His wish was complied with, and his mode of eating was altogether like an animal. He shortly died, however, much emaciated, the victim to the last of his strange and terrible conception.

Esquirol states on the authority of Calmet, that in a convent in Germany, the monks believed themselves changed into cats, and that at a certain hour of the day, these monks capered about the convent mewing as fast as they could (*en miaulant à qui mieux, mieux*).*

This case affords an opportunity for making the remark, that a delusion is very frequently the last symptom in the succession of morbid mental phenomena; that in truth it may be but the reflex of an emotion; and though, strictly speaking, an intellectual disorder, it may be the result, and merely the symptom of a disorder of the feelings. Moral insanity, indeed, not uncommonly terminates in monomania. The delusion of being a royal personage may be an intellectual conception, at once the offspring and the index of uncontrollable pride; and in the foregoing case, the belief in the transmutation into a wolf was intimately associated with a depressed state of the feelings—with melancholia.

The same observation applies with even greater force to another so-called monomania; the disorder in which the patient conceives himself to be demoniacally possessed. Demonomania, in the vast majority of cases, has been but a symptom of disease of the affective faculties; so complex are the phenomena of diseased mind, and so completely do they set at defiance any rigid system of classification.

Paulus Ægineta, after speaking of madmen who fancy themselves to be brute animals, and imitate their cries; and of others who conceive themselves to be earthen-vessels and

* "Maladies Mentales," vol. i. p. 522.

are frightened lest they be broken, adds, "Some believe themselves impelled by higher powers, and foretell what is to come as if under divine influence; and these are, therefore, properly called demoniacs, or possessed persons." This description, however, although it may have included, does not exactly describe more modern cases of demonomania—in which the patient is much depressed, pretends to no supernatural knowledge, and is firmly convinced either of being possessed by, or actually transformed into the devil. A patient under Esquirol's care thus described herself:—"The devil has taken from me my body, and I have no longer a human shape. There is nothing so dreadful as to appear to live, and yet not be of this world. I burn—sulphur exhales with my breath. I neither eat nor drink, because the devil has no need of food or drink. I feel nothing, and should I be placed in a terrestrial fire, I should not burn. I shall live millions of years; that which is upon the earth cannot die. Were it not so, despair would have caused me, long since, to terminate my existence."

"Nothing," says Esquirol, "undeceives her, and she is abusive in her language to those who seem to doubt the truth of what she affirms; those who contradict her she calls sorcerers and demons. If they insist upon the correctness of their opinion respecting her, she becomes irritated, her eyes project, and are red and haggard. 'Look then,' she says, 'at this beautiful figure; is it that of a woman or a devil?' She strikes herself violently with her fist upon her chest. She pretends also to be insensible, and to prove it pinches her skin with all her might, and strikes her chest with a wooden shoe. Still she manifests pain when not forewarned. This woman is tranquil, is not mischievous, and speaks rationally upon every other subject, when we can divert her thoughts."

The writer I have just quoted from states, that out of twenty thousand insane persons who had passed under his observation, he had "scarcely seen one of a thousand stricken with this fatal disease." He suggested that the term *cacodemonomania* should be employed; as the ancients did not use the word demon, necessarily, in a bad sense: while he would have applied that of *theomania* to those cases in which the patient believes himself to be the Deity.

Examples of demonomania, and of other delusions, might be multiplied; those I have mentioned are, as it appears to me, fairly referrible to the third division—that of delusion proper. The consideration of the first and second division will now demand our attention.

False Perceptions.—Esquirol was the first writer who attached very definite significations to the words hallucination and illusion. “A person,” says he, “labours under a hallucination, or is a visionary, when he has a thorough conviction of the perception of a sensation, when no external object suited to excite this sensation has impressed the senses.” Elsewhere he observes, “I have proposed the word hallucination as having no determinate signification, and as adapted, consequently, to all the varieties of delirium which suppose the presence of an object proper to excite one of the senses, although these objects may be beyond their reach.”

“In illusions, on the contrary,” the same authority remarks, “the sensibility of the nervous extremities is altered; it is exalted, enfeebled, or perverted: the senses are active, and actual impressions solicit the re-action of the brain.” In short, “illusions are produced by external and by internal sensations.” We will first take *hallucinations*.

They were not regarded by Esquirol as caused in any instance by morbid conditions of the organs of sense, but as strictly cerebral, that is, mental in their origin. “The senses,” he says, “are not concerned in their production; they occur although the senses do not perform their functions, and even though they do no longer exist.” It may well be doubted, I think, whether there is sufficient reason for thus restricting the term, inasmuch as one individual may perceive an object which has no present existence, in consequence of a diseased condition of the optic nerve, and another may perceive an object which has no present existence in consequence of mental, that is cerebral, disease. Dr. Foville, indeed, has stated that he discovered lesions of the nerves in patients who had been the subjects of hallucinations,—a circumstance which Esquirol was inclined to attribute to coincidence. Baillarger, moreover, has distinctly recognized the possible duplex origin of hallucinations, which he has divided into *psycho-sensorial*, or those which originate in the combined action of the imagination and the organs of sense; and *psychical*, or those which are the consequence of a disordered mental condition, without disease of the senses. Brierre de Boismont considers that these distinctions depend upon a greater or lesser intensity in the phenomena. Referring to hallucinations of the sense of hearing, he says, “If the perception is feeble, the hallucination is without noise; if it is more intense, a sound is heard.” And he thinks “the sound is heard, not from extension of the disease to the senses, but because certain conventional signs, always associated with

certain ideas, are recalled when those ideas are produced with great vividness." Thus he defines a hallucination, as "the perception of the sensible signs of an idea." "With the reflective man, it is the highest degree of tension at which his mind can arrive, a true ecstasy. In societies with profound convictions, where the imagination is not rectified by science, it is the reflection of a general belief; but in these two cases it does not offer any obstacle to the free exercise of reason." In such instances Brierre de Boismont would call them *physiological* hallucinations, as distinguished from those which are accompanied with unsoundness of mind, and which he would call *pathological*. This view of the subject, as he observes, "leaves on their pedestal, the statues of illustrious men, whom some would wish to throw down into the abyss of insanity."

It is important to bear in mind this distinction, and not to forget that hallucinations may exist without insanity. Thus Johnson, one day at Oxford, when he was turning the key of his chamber, heard his mother distinctly call "Sam," although she was then at Lichfield. Byron was visited at times by a spectre; Napoleon was said to have interviews with a familiar spirit in the form of a little red man; and on better authority, we are informed that he saw his star. "I see it," said he, "in every great occurrence; it urges me onward, and is an unfailing omen of success." And in the pages of Brewster, and of Abercrombie, a host of similar cases are recorded. But of course now that we are engaged in considering the disorders of the mind, we discard the use of the term in such a sense (the physiological,) and restrict it to the perception, along with evidence of cerebro-mental disease, of objects which at the time have no existence; this false perception being either the consequence of the combined disordered condition of the mind *and* one or more of the senses (psycho-sensorial), or of the mind only (purely psychical).

In regard to their frequency among lunatics, Esquirol says that of 100 insane patients 80 have hallucinations. M. Brierre states that out of 62 patients in his asylum, hallucinations were present in 38 and absent in 24 instances. With 18 monomaniacal patients (in whom they are the most common) sight and hearing were involved in 8, taste and hearing in 1, hearing alone in 2, and sight alone in 1. Of 66 cases of monomania, admitted during one year into the Bicêtre, 35—or one half—had hallucinations; namely, 19 of hearing, 11 of sight, 3 of taste, 1 of touch, and 1 of the internal organs. Melancholia affected 21 out of the 66 monomaniacs, and of

these 11 had hallucinations; 6 being of hearing, 3 of sight, and 2 of taste.

In mania, hallucinations are frequently present. The writer last quoted, states that of 181 maniacs, 23 had hallucinations of hearing, 21 of sight, 5 of taste, 2 of touch, 1 of smell, and 2 of internal sensations. Hallucinations are also frequently observed in puerperal mania.

In the earlier stages of dementia we meet with these phenomena; also occasionally in general paralysis; one instance is on record in which the patient had almost lost the power of speech; at times, however, he was able to make those around him understand, that he could see a shark beside him ready to devour his body.

Lastly, hallucinations may occur in epilepsy, catalepsy, delirium-tremens, in phrenitis, in fever, and in the course of some other diseases; or again when the system is reduced by abstinence, &c. To this latter cause may be referred the hallucinations of Cellini, to which I shall shortly refer.

In regard to the relative liability of the senses to hallucinations, although among the sane, those of sight are most frequent; among the insane those of *hearing* appear to be decidedly the most common. They are estimated to form two-thirds of the whole number. They appear to be most generally experienced when the patient is falling asleep; partly, no doubt, in consequence of the less degree in which at such times the attention is fixed, or the comparing faculty exercised. Of 144 cases of hallucination, 62 are stated to have been in the night, 50 in the day, and 32 during both. A patient at the Dispensary, used to complain bitterly of a voice repeating in his ear everything that he was reading; and on one occasion he distinctly heard the same voice commanding him to throw himself into a pond in his garden. He obeyed the voice—and when removed from the water and asked why he had done so rash an act, he replied, that he much regretted it, but added, "*he* told me that I must do it, and I could not help it." The poet Cowper was distracted by hallucinations of this sense. "The words," says his biographer, "which occurred to him on waking, though but his own imaginations, were organically heard; and Mr. Johnson perceiving how fully he was impressed with a belief in their reality, ventured upon a questionable experiment. He introduced a tube into his chamber, near the bed's head, and employed one with whose voice Cowper was not acquainted, to speak words of comfort through this conveyance." It is a remarkable proof how real such hallucinations appear, that this

hazardous artifice was never discovered. It does not, however, appear to have been productive of any benefit. His medical attendant one day found him with a pen-knife sticking in his side, with which he had attempted self-destruction, believing he had been ordered to do so by a voice from heaven.

Cellini, after undergoing great suffering in prison, relates that a being came to him, "invisible, but which spoke with an audible voice, shook me, made me rise up, and said 'Benvenuto! Benvenuto! lose no time, raise your heart to God in fervent devotion, and cry to Him with the utmost vehemence.' . . . When the next morning came, I awoke at daybreak, and, having quitted my wretched couch, prayed with greater devotion than ever I had done before, to be favoured with a Divine inspiration to let me know for what offence I was so severely punished, since I was not permitted to behold the sun, even in a dream, as I had earnestly desired. When I had uttered these words, my invisible guide hurried me away like a whirlwind to an apartment, where he unveiled himself to me in a human form, having the figure of a youth with the first down upon his cheeks, and of a most beautiful countenance, on which a particular gravity was conspicuous; he then shewed me innumerable figures upon the walls of the apartment, and said to me, "All those men whom you see thus represented are such as have here finished their mortal career," I then asked him why he brought me thither? To this he answered, "Come forward and you will soon know the reason." I happened to have in my hand a little dagger, and on my back a coat of mail, so he led me through that spacious apartment, and shewing me those who travelled several ways, to a distance of an infinite number of miles, he conducted me forward, went out at a little door into a place which appeared like a narrow street and pulled me after him: upon coming out of the spacious apartment into this street I found myself unarmed, and in a white shirt without anything on my head, standing at the right of my companion. When I saw myself in this situation I was in great astonishment, because I did not know what street I was in: so lifting up my eyes, I saw a high wall, on which the sun darted his refulgent rays. I then said to my friend, how shall I contrive to raise myself, so as to be able to see the sphere of the sun? He thereupon shewed me several steps which were upon my right hand, and bid me ascend them. Having gone to a little distance from him, I mounted several of those steps backwards, and began by little and little to see the approaching sun. I ascended as fast as I could in the

manner above-mentioned, so that I at last discovered the whole solar orb ; and because its powerful rays dazzled me, I, upon perceiving the cause of it, opened my eyes, and looking stedfastly on the great luminary exclaimed, ‘O brilliant sun, whom I have so long wished to behold, I from henceforward desire to view no other object, although the fierce lustre of thy beams quite overpowers and blinds me.’ In this manner I stood with my eyes fixed on the sun, and after I had continued thus wrapt up for some time, I saw the whole force of his rays united fall on the left side of his orb. . . . Whilst I gazed on this noble phenomenon, I saw the centre of the sun swell and bulge out ; and in a moment there appeared a Christ upon the cross, formed of the self-same matter as the sun, and so gracious and pleasing was his aspect, that no human imagination could ever form so much as a faint idea of so much beauty. As I was contemplating this glorious apparition, I cried out aloud, ‘A miracle, a miracle! O God! O clemency divine! O goodness infinite, what mercies dost thou lavish on me this morning.’ At the very time that I thus meditated and uttered these words, the figure of Christ began to move towards the side where the rays were centred, and the middle of the sun began to swell and bulge out as at first; the protuberance having increased considerably, was at last converted into the figure of a beautiful Virgin Mary, who appeared to sit with her Son in her arms, in a graceful attitude, and even to smile; she stood between two angels of so divine a beauty, that imagination could not even form an idea of such perfection. I likewise saw in the same sun a figure dressed in sacerdotal robes; this figure turned its back to me, and looked towards the blessed Virgin. . . . This wonderful phenomenon having appeared before me about eight minutes, vanished from my sight, and I was instantly conveyed back to my couch.”*

Next in frequency to hallucinations of hearing are those of *sight*. All visionaries afford examples. The preceding narrative of Cellini will serve to illustrate this form of hallucination, as well as that of hearing. Hallucinations affecting the sense of touch are not very common. Patients sometimes complain of experiencing electric shocks; at other times they fancy they are struck by imaginary beings. Hallucinations of this sense require carefully distinguishing from neuralgic affections. Haslam has recorded the case of a man who believed himself persecuted by a gang of wretches who, by their knowledge of pneumatic chemistry, had the power of inflicting various kinds

* “Life of Cellini,” vol. i. p. 499.

of punishment upon him. Sometimes they drew out the fibres of his tongue; at other times they stretched out a veil under the base of his brain, and thus intercepted the communication between his mind and his heart. By means of a magnetic fluid, they almost squeezed him to death. This was "lobster cracking," and is described by the patient himself as follows:—"In short, I do not know any better way for a person to comprehend the general nature of such lobster cracking operation, than by supposing himself in a sufficiently large pair of nut-crackers, with teeth, which should pierce, as well as press him, through every particle within and without; he experiencing the whole stress, torture, driving, oppressing, and crush altogether."

Other modes of torture practised by this gang with their infernal machine, and experienced by this hallucinated patient were:—*Stomach skinning, apoplexy-working with the nutmeg grater, foot curving, knee nailing, eye screwing, sight stopping, vital tearing, fibre ripping, lengthening the brain, bomb bursting, &c.*

Berbiguier believed that hobgoblins were continually coming to and leaving his body, supporting themselves upon him, in order to fatigue him, and to oblige him to sit down. These invisible enemies travelled over him day and night, and their weight was sometimes such that he was afraid of being smothered. In order to defend himself against their power, he imagined that he seized them dexterously under his clothes and fixed them to his mattress with thousands of pins, or else secured them in bottles.*

Hallucinations of *smell* are rarely met with uncomplicated with disorder of one or more of the other senses. Patients do, however, sometimes complain of very bad odours, and at other times of very pleasant ones, when neither have any existence. I had a very good example of the former in an insane patient some time since, who complained exceedingly of the injury done to her health by the sulphurous fumes with which some one, as she believed, continually filled her room.

Lastly, the sense of *taste* is but rarely affected alone. Patients who believe they are taking poison in their food, are not usually examples of this class.

Hallucination of one sense is less commonly found than hallucination of several.

Sometimes, but rarely, all the senses are involved. The following is a remarkable illustration of this. A lady,† 40 years of age, first experienced symptoms of disordered mind ten years ago; she saw the most extraordinary forms, she

* "Des Hallucinations," p. 86.

† *Ib.*, p. 89.

heard voices which appeared to her to proceed from her stomach, and continually tormented her by dictating her actions, and by informing her of her various complaints, and of what she ought to take to remove them. Sometimes they spoke on other subjects, as geography, grammar, rhetoric, correcting her when she pronounced amiss, and reminding her of any faults which she had committed. One day they made her believe that she was possessed, which was the more remarkable, as she was not brought up with superstitious notions. Since this period, she has suffered from painful impressions regarding eternity, which have produced feelings of intense despair. Again, she has singular visions, her room being filled with imaginary personages, figures of all kinds, and numerous processions defiling before her; or she distinguishes individuals who have only half their form; they are great, little, counterfeit, and assume the most extraordinary shapes. At another time she sees her own eye rolling before her, as if it had been torn from its socket.

The food which she eats has lost its natural taste and is disagreeable, or she seems to be swallowing vinegar or other things which she detests. Just as she is putting her hand to a dish, these "voices" very often produce one of these nauseous flavours in order to prevent her tasting anything.

When she walks, she feels as if she was drenched with water, its coldness penetrating her body, so that she dries with her hands her wet clothes.

Add to these affections, that she is frequently annoyed by odours which she especially dislikes, and the case presents a very interesting example of false sensations, in which none of the senses are allowed to escape.

The following is also an example of hallucination of all the senses, occurring in a poor woman in York. She is firmly convinced of the existence of a persecuting fellow in the room above her own, who vents all his malignity upon her by means of certain machinery, and wires. By the former he manufactures a quantity of tow, which she *sees* "whirling round from the ceiling;" and by the latter he torments her in the most cruel manner. He "brays" her in the night with three of these wires, so that she is stiff in the morning, and covered with marks "as if she had been switched," and the difficulty of rising is often increased by his "skewing her down in bed." At another time he will thrust these wires into her mouth, which leave "a very bitter verdigris taste" therein. She protests that she can see a "hole like the cut of a knife" in one corner of the ceiling, through which he introduces the

wires, and she says, "when I try to get hold of them, he soon has them away." He also delights to send her to sleep "with that chloroform" which she *feels* dropping from the ceiling upon her cap, in addition to which, she has in consequence enveloped her head in a couple of handkerchiefs.

As regards the sense of sight, she has only once or twice *seen* her persecutor, but when she wanted to speak to him, he turned away. He is a middle sized and middle aged man. She says, however, very naturally, "I feel him over much to want to see him."

She *hears* him more frequently than sees him ; hears him "nestling about the room;" she also hears the wires pushed through the ceiling ; and she has stopped her clock, and covered it up, because he used to employ his wires to make it strike some twenty times in the night, in order to disturb her.

Her sense of *smell* is at present free ; formerly she was much annoyed in this respect also.

In regard to the *causes* of hallucinations, they may be regarded as both moral and physical. When they are epidemic they fall under the former head. Superstition, also mental emotions of any kind, and undue mental exertion belong to the same class. Physical causes, in common with those which generate or favour insanity in general, include hereditary disease, intemperance, &c. The influence of certain substances, such as haschisch, opium, stramonium, &c., may be especially mentioned.

Hallucinations may be continuous, remittent, intermittent, or periodical ; they may, although rarely, be at the will of the individual, so that he can recall them at pleasure ; they may have one character to-day, and another to-morrow ; in some cases, in which the sense of sight is hallucinated, closing the eyes will dispel the affection. Sometimes a patient hears sounds only through one ear, or sees imaginary objects only through one eye, the other ear and eye being unaffected.* Again, the number of voices heard will vary ; in some instances an animated dialogue is sustained with all the force of reality : in others, two or more distinct voices are recognised by the patient ; and a linguist will occasionally hear voices in different languages. It is of the utmost importance to ascertain the *character* of the hallucinations ; for on this will often depend the danger which attaches to it, and the necessity for the deprivation of the patient's liberty. It is obvious that a man who hears a voice commanding him to commit an act of

* *Vide* on this subject, Wigan, "on the Duality of the Mind."

violence towards others, or to destroy himself, requires strict watching or confinement ; whilst a man who only hears a voice proclaiming his rank and wealth may be harmless and require no restraint whatever. Regarding the subject from a medico-legal point of view, an inquiry into the existence of hallucinations will often afford a key, as M. Brierre has well observed, to numberless determinations, singularities, and actions, totally unexplained by, and at variance with, the character, the manners, and the habits of the individual. "It is certain that there are in the world a considerable number of insane persons, who, from one cause or another, have never come under medical care, and whose derangement has not even been recognized by those around them. They, however, seek occasion for a quarrel, provoke a duel, do some injury, assassinate and commit suicide, in obedience to certain voices, mandates, and false sensations." *

As regards the pathological changes found in these conditions of the mind, there does not appear, unless we except the observations already referred to of Dr. Foville, any researches which would establish a constant relation between any structural change and the particular sense affected.

Illusions.—These have already been distinguished from hallucinations by the existence in the former of something internal or external to the body which is the basis of the illusion. In the most perfect state of mental health we are subject to certain illusions, but here, as Esquirol observes, "Reason dissipates them. A square tower seen from a distance appears round ; but if we approach it the error is rectified. When we travel among mountains we often take them for clouds. Attention immediately corrects this error. To one in a boat, the shore appears to move. Reflection immediately corrects this illusion. Hypochondriacs have illusions which spring from internal sensations. These persons deceive themselves, and have an illusion respecting the intensity of their sufferings and the danger of losing their life. But they never attribute these misfortunes to causes that are repugnant to reason. They always exercise sound reason unless melancholia is complicated with hypochondriasis." The essential character of illusions is, observes M. Brierre, the transformation of sensorial perceptions, having their origin in external or internal objects. While "hallucination is the perception of the sensible signs of an idea," "illusion is the false appreciation of real sensations."

Illusions, like hallucinations, may affect any one of the senses separately, or all of them. Those of sight are the most

* "Des Hallucinations," p. 94.

frequent; those of hearing are the next in order; but some observers state that they are equally as common as the former. The sense of touch often suffers. With hypochondriacal patients we observe endless varieties of false sensations, or visceral illusions, as they are sometimes called. It is often very difficult, and sometimes quite impossible, as I observed before, to draw the line between some of these illusions and false conceptions. Frequently they are united in the same case. If, however, the nerves of sensation convey to the mind exaggerated impressions regarding any part of the body, it constitutes an illusion; and if it is manifestly absurd, and the patient's reason cannot perceive that it is an illusion, he is also of unsound mind.

Several of the examples already cited when speaking of delusion proper, are usually regarded as hypochondriacal illusions. To this division the following case also would by some writers be referred; but however hypochondriacal the patient was, his particular delusion was rather a false notion than perverted sensation. The melancholy under which he laboured was father to the thought. If electro-biologists can make a man disbelieve his own personality, and fancy himself metamorphosed into some other person, by the law of suggestion, as explained by Dr. Carpenter, cannot melancholy feelings suggest such ideas or beliefs as these? "A young hypochondriac had a strong imagination that he was dead, and did not only abstain from meat and drink, but importuned his parents that he might be carried to his grave and buried before his flesh was quite putrified. By the counsel of physicians he was wrapped in a winding sheet, laid upon a bier, and so carried on men's shoulders towards the church; but on the way two or three pleasant fellows (hired for that purpose) meeting the hearse, demanded aloud of them that followed it, whose body it was that was then confined and carried to burial? They said it was a young man's, and told his name. Surely, replied one of them, the world is well rid of him, for he was a man of a very bad and vicious life, and his friends have cause to rejoice that he hath ended his days thus, rather than at the gallows. The young man hearing this, and not able to bear such injury, roused himself up on the bier, and told them they were wicked men to do him that wrong he had never deserved; that if he were alive again, he would teach them to speak better of the dead! But they proceeding to defame him, and to give him much more disgraceful and contemptuous language, he not able to suffer it, leaped from the bier and fell about their ears with such rage and fury that he ceased not buffeting them

till quite wearied."* The result of this excitement was perfect recovery within a few days.

These observations upon hallucinations and illusions may be concluded by succinctly stating the points of real practical importance in regard to them. Either may exist (the former rarely) in persons of sound mind; but in that case they are discredited in consequence of the exercise of reason and observation, or if credited they do not influence the actions. They are sometimes with difficulty distinguished the one from the other, and indeed often merge into, or replace each other; but still they ought to be distinguished by the points of difference already laid down. Either may be the cause of violent acts, and terminate in murder or suicide; their discovery in criminal insanity is therefore most important. Hallucinations are most frequently met with in monomania and melancholia, but are not uncommon in mania. I have several times observed them present with great vividness in incipient senile dementia, and they may be present in later stages of dementia, and in imbecility, without our being able to discover their existence. Illusions are not so common in monomania and melancholia as are hallucinations, being more frequent in mania. The senses of sight and hearing are more liable to hallucinations, than those of touch, taste, and smell. Pathological anatomy has not hitherto thrown any certain light on the particular lesion associated with hallucinations. Brierre de Boismont concludes that there cannot be any appreciable anatomical changes. As regards prognosis, this writer observes that monomania, when of a lively character and recent occurrence, is only slightly influenced by them; it is otherwise with melancholia, which frequently receives from them the most unfortunate impulses; they may be dangerous in mania also from the acts they incite; when of long continuance they add to the seriousness of the prognosis;† their presence was observed by Esquirol to be little favourable to the cure of insanity.

* *Vide* Arnold, p. 130.

† "Des Hallucinations," p. 493.

(To be continued.)

On the Association and Classification of Patients at Colney Hatch, and appropriation of the Recreation Room as a Dining Hall. By D. F. TYERMAN, Esq., Medical Superintendent of the Male Department.

Encouraged by the success of the system, commenced in the year 1850, of associating at the dinner meal the male pauper patients of the Cornwall Lunatic Asylum, then under my superintendence, I ventured soon after my appointment at Colney Hatch, in September, 1852, to recommend here a far more extended association of the patients of both sexes in the hall hitherto used for occasional recreation, and which, from its dimensions and contiguity with the kitchen, appeared to offer especial advantages for carrying out such an experiment upon a large scale. After consultation with my colleagues upon the subject, I urged upon the Visiting Justices the following arguments in favour of the measure:—

1. The moral, social, and curative results likely to accrue.
2. Relief to the patients from the usual monotony and routine of the establishment.
3. Increased facilities afforded both to magistrates and officers for inspecting the patients.
4. Improved ventilation in the wards, especially in hot weather.
5. Removal of the knives, &c., from the store-rooms and sculleries of the wards.

6. The more rapid conveyance of the provisions, whilst hot; and the better working of the establishment generally.

The Committee of the year at once coincided in these views, and propounded them to the Court of Session, which granted the sum for providing the tables, seats, and other furniture necessary for the accomplishment of the plan.

Some delay occurred in completing the arrangements, which required much consideration. The wall separating the hall from the kitchen had to be pierced in two places and slides made for conveying the provisions to both sides of the hall. The kitchen being lower by a few feet than the hall, an apparatus was necessary for raising to the proper level the provision carriages, which are then wheeled upon a short rail or tramway into the hall. An unoccupied room, adjacent to the hall, had to be converted into a scullery, and water and the means of heating it supplied. These, and all the other details, were carried out in the most complete manner by the steward, Mr. Henderson.

On the 4th of June, 1855, the male patients from six wards, altogether 202, were first introduced into the hall at breakfast and dinner, and their tranquil demeanour and the pleasure they expressed at the change, justified the hope that success would attend the further prosecution of the plan. The work entailed on the scullery by the dinner meal being found sufficient, the patients were not again assembled at breakfast.

On the 3rd of August following, the preparations being further advanced, the male patients of three additional wards joined the others at dinner, and 290, occupying the whole of the east side of the hall, were assembled.

On March 19th, 1856, my colleague, Mr. Marshall, introduced 102 female patients who occupied part of the west side of the hall. This event was highly interesting, and men and women expressed their satisfaction, to use their own words, "at being allowed to associate with their fellow patients."

On 6th April following, Mr. Marshall introduced 158 other female patients, and the conduct of the whole associated number, viz., 550, verified, as it has continued with scarcely any interruption daily to do, our sanguine anticipations. The advantages predicted have been fully realized, the habits of the patients and their general demeanour have improved: those disposed to turbulency have constantly been controlled by the examples of their tranquil associates, the faculty of comparison having been brought into healthy action, and the implied confidence placed in the mass has operated as a stimulus to decent behaviour. On a few occasions only it has been found necessary to remove excited patients, and these were females. Some patients formerly prone to fill their pockets with food, and to "gnaw" their rations instead of using their knife and fork, have rectified these habits, the vigilance and supervision by officers and attendants being more effective. Grace is said by an attendant before and after the meal, and on the intimation being given the patients rise together with becoming decorum. The provisions being served up with celerity from the kitchen, an attendant from each ward proceeds to carve, and apportion the rations; the time occupied by this process being about seven minutes. The patients are then accompanied to the hall by the second wardsmen, and during the meal an attendant stands at each end of the tables seating 34 patients, and is required to be vigilant and check too great rapidity in eating, the occasional cause of danger by suffocation. The patients enter and leave the hall in

sections of wards, and, dinner over, the occupants of the nearer wards continue seated until way is made for them by the departure of those belonging to the more distant wards, these arrangements being suggestive of order and discipline.

Besides the manifest benefit to the patients, this daily mustering affords the officers an excellent opportunity of observing the habits, state of health, and the disposition of their patients. It is also found effectually to prevent the occasional appropriation by attendants of part of the rations, an evil which cannot be too vigilantly guarded against in large asylums. Further, it may be stated that this system of association is found a most important element in the solution of that difficult problem, the management of this vast institution ; and, inasmuch as it points at a correct principle of classification, it will, I trust, constitute a feature, essential, as it is interesting, of asylums generally.

Colney Hatch, Middlesex, August 6th, 1856.

Health, Work, and Play ; Suggestions by HENRY W. ACLAND, M.D., F.R.S. Oxford : John Henry and James Parker. 1856. Pamphlet.

A distinguished member of this Association opens the Sixteenth Annual Report * of his quiet unobtrusive labours with the remark that the opinion that mental disease is becoming more prevalent has been universally adopted, and that it is confirmed by the experience of all who have to deal with the crimes, the misfortunes, the diseases of mankind, by the observation of all who watch the progress either of individuals or nations.

We all, doubtless, in our several spheres of work among the insane have arrived at the same conclusion, and have, by experience of the wants of our several counties for farther and farther accommodation for the insane poor, had this conviction confirmed and forced home. At least the rate-payers for the county of Middlesex must be well aware of the fact.

Again, we presume that no enlightened member of the

* Sixteenth Annual Report of the 'Crichton Royal Institution of Lunatics, Dumfries, 11th November, 1855.

profession doubts that mental disorder is essentially a form and result of physical disorder ; that it depends directly on some aberration from the normal standard of physical health. And just as this doctrine applies to the individual when afflicted with mental disease, so also must it hold good of the community at large. Hence, as in the treatment of any single case of mental disease, all the physical bearings of the case demand our fullest attention, and often reward that attention in the successful issue of the malady, so in dealing with this general increase of mental disease in the community, must every effort to raise the standard of the public health be viewed as one directly tending to obviate or mitigate the evil in question.

Such an effort, proceeding from an influential quarter, is the short essay we have placed at the head of this article. These suggestions for health, for work, for play, are a well-timed reprint of one of the chapters of Dr. Acland's recent memoir "On the Cholera at Oxford, in 1854." They form an acceptable contribution to the question now occupying much of public attention, viz.: How the people should be employed, how amused, how the tendency to a deterioration of health in our large towns and in the manufacturing districts should be best averted, and our people, while made strong to labour, may yet—free in spirit—be stronger still to draw the sword—as in a few short years they may again be called to do—for the glory of England, and the progress among mankind of the sacred principle of civil and religious liberty—a principle, alas, how prostrate now at the feet of the despot kings throughout the continent of Europe !

Stirred by kindred thoughts, Mr. Dickens, in the "Old Curiosity Shop," now some years ago, thus touchingly expressed his feelings on this question :—

"And let me," he writes, "linger in this place for an instant to remark that, if ever household affections and loves are graceful things, they are graceful in the poor. The ties that bind the wealthy and the proud to home may be forged on earth; but those which link the poor man to his humble hearth are of the truer metal, and bear the stamp of Heaven. The man of high descent may love the halls and lands of his inheritance as a part of himself; as trophies of his birth and power; his associations with them are associations of pride, and wealth, and triumph: the poor man's attachment to the tenement he holds, which strangers have held before, and may to-morrow occupy again, has a worthier root, struck deep into a purer soil; his household gods are of flesh and blood, with no alloy of silver, gold, or precious stone; he has no property but in the affections of his own heart; and when they endear bare floors and walls, despite of rags, and toil, and scanty fare, that man has his love of home from God, and his rude hut becomes a solemn place!

"Oh! if those who rule the destinies of nations would but remember this— if they would but think how hard it is for the very poor to have engendered in their hearts that love of home, from which all domestic virtues spring, when

they live in dense and squalid masses where social decency is lost, or rather never found—if they would but turn aside from the wide thoroughfares and great houses, and strive to improve the wretched dwellings in bye-ways, where only poverty may walk, many lowly roofs would point more truly to the sky than the loftiest steeple that now rears proudly up from the midst of guilt, and crime, and horrible disease, to mock them by its contrast. In hollow voices from workhouse, hospital, and gaol, this truth is preached from day to day, and has been proclaimed for years. It is no light matter—no outcry from the working vulgar—no mere question of the people's health and comfort, that may be whistled down on Wednesday nights. In love of home, the love of country has its rise; and who are the truer patriots, or the better in time of need—those who venerate the land, owning its wood, and stream, and earth, and all that they produce? or those who love their country, boasting not a foot of ground in all its wide domain?"

Health, Work, Play—the three points Dr. Acland brings forward in this essay, bear each a direct relation to man's three-fold nature, physical, moral, and intellectual. The laws of health are being educed on the true Baconian method of induction by this generation. The labours of Southwood Smith and Simon, both ornaments of our honourable profession, supported by the parliamentary influence of Lord Shaftesbury and Sir Benjamin Hall, are daily being applied to the raising the standard of the public health in England. It would be foreign to the object of this journal to do more than thus allude to this point. In the pages of our contemporary, *The Journal of Public Health*, under the editorship of Dr. Richardson, the question continues to be ably pressed home on the slow, dull, apathetic intellect of our civic corporations.

The laws of labour also are still engaging the attention of parliament and of the great thinkers of our age. The question, ought the State to limit the amount of work which the workman may be willing to perform, when convinced that this amount of work is through the individual deteriorating the standard of the public health, is yet unresolved. The successful labours of Lord Shaftesbury, brought after years of anxious effort the Factory Bill through the House of Commons, and protected the feeble part of the population, and indirectly through them the factory workers generally, from the injurious influences of over-hours and over-work; the ill-bodings of the opponents of that measure have not been verified, the manufacturing interest continues in unabated prosperity, although now forced to regard their "hands"—the sinews of the wealth—as a more holy thing than a machine, out of which, regardless of all other and higher views, they were used to extort the maximum amount of work at the lowest cost. On the other hand the loss of the bill of last session, to regulate the hours in the bleaching

works, shews how strong is the influence of the opponents of this tendency of the age to protect the poor from the tyranny of capital, and how firm the hold which the hard, dry precepts of political economy, unsoftened by the influences of our Christian profession have, on the minds of many of our legislators.

Again, play—the people's holiday—the people's amusement, has also lately stirred the thoughts of the community, and the effort to restore once more the memory of "Merry England," ere yet it fall beneath the grim shade of the Commonwealth, has raised into full life that terrible puritanical spirit—the offspring of an unholy alliance with Geneva—which cast in former days so dark a cloud over the progress and harmony of our glorious Reformation, and which now threatens to retard the solving of the important question of the people's play. The men whom Sir W. Scott, with a master hand pourtrayed in "Old Mortality," have their modern representatives in many of the worthies of Exeter Hall.

Dr. Acland, in the third section of his essay, thus states the general bearings of the question he raises when offering suggestions relating to the health, work, and play of the community :—

"‘L’Hygiène, ou plutot la civilization dont elle est une face, se résume en deux mots—Moralité, Aisance.* In other words, to have ‘competency of living according to our condition,’ and ‘to possess our hearts right before God,’ are essential to our physical well-being. But, competency of living! Let the urban, or even the country reader, ask himself if all about him have competent meat and drink for their stomachs and their blood; competent air for their lungs; competent exercise—sufficient, not extreme—for their muscles; competent means of cleanliness for their skins. And under the second head: whether they possess their hearts right before God? Let him ask, has the intellectual, moral, and religious training of himself and those about him been such as to ensure, as far as our fallen nature allows, such habits of self-control, and such sense of duty towards God and his neighbour, as awards to the nervous system the chance of a competent use and competent repose? Alas, I trow not. So far from these words being beside or beyond the mark, they hit the eye of it, though they do not touch the thousand circles which necessarily surround it. We must learn to feel the bitterness of the evil which social life entails on the less honourable members of the body politic. The feet, it is true, must tread the mire; yet they may be clad, and the hands may be washed and warm, though they may be thick from toil. It is not simply a wrong to our fellow men, if that is withheld which they may justly claim: it is sin and degradation to the rulers.

To all this England is now awaking. The question is—What is the remedy? How can we apply it? Are we hindering or aiding it? Are even our institutions a hinderance or an aid?

Passing thus from the physical health of the community, and of the consideration of the laws which regulate the same—

* Michel Levy: *Hygiène Publique et Privée.*

laws which have a direct relation alike in their observance and in their breach to the stay or progress of this increase of mental disease in our generation ; Dr. Acland proceeds to offer some suggestions on the cultivation of the intellectual and moral powers, *i.e.*, on education, properly so called, in its influence on the masses of the people—suggestions, we conceive, of a sound, practical, wholesome kind. And here again we surely need hardly pause long, to shew how intimate is the relation between a healthy, intellectual, and moral standard and sound mind—between neglect or misdirection of the intellectual powers and mental aberration, or more marked still, between moral deterioration and perversion of the sympathies and emotions, and confirmed monomania. The reports of our county asylums in their tabular statements of the exciting causes of insanity point to anxiety—disappointed affections—grief—intemperance—prostitution—religious excitement, as among the frequent exciting causes of the disease, and it requires no proof to shew how these mental conditions are in direct violation of the healthy intellectual standard, and the result of moral deterioration and perverted emotion.

Hence every fact relating to the management of the intellect and of the emotions, has a direct relation to the preserving of that state, and to the warding off of mental disease : and foremost in the management of the intellect undoubtedly stands EDUCATION—the subject of the second portion of Dr. Acland's suggestions.

That mental discipline is the aim and object of education—that the accumulation of facts (which some men call knowledge) is entirely of secondary consideration, may seem to many a trite oft told tale. Yet, on the other hand, when we reflect even on the late forensic display of the Manchester School in the House of Commons when trying their hand at University Reform, the conviction is forced home that the teacher who would venture to offer suggestions for the mental improvement of his generation must still begin with this fixed principle, that mental discipline and habits of application—not facts—are what the people young and old alike want, and which must be supplied rather than the puff of “common things,” if we wish really to raise the intellectual standard of our age. Dr. Acland bears definite testimony to this first axiom of all education, properly so called :—

* The resistance, he says, to Dr. Chalmer's enlightened views of education armed noble weapons with a poison, by handing them over not unfrequently to men who

had not his moral qualities, and who did not feel, as has been said thousands of times, that the educational value of the material means was not in the knowledge they gave, but in the discipline they imparted. Accordingly, even the much-vaunted physical sciences have failed over and over again in their use; out of most accurate, most ennobling studies, popular scientific exhibitions have furnished to thousands only a new form of excitement, and another occasion for inaccuracy. From this evil however, or rather with it, much good also has sprung. Persons of all classes are beginning to find the futility of inaccurate science and of popular lectures, except as a means of creating and fostering interest in what is good; and they see the necessity of closer, more precise, application to those subjects with which each individual mind feels a natural sympathy. The people will not lag: it is not speaking with over-confidence when it is said, that ere long, under the influence of Museums, of Working Men's Institutions, Free Libraries, and other appliances, the younger part of the population, urged on, with a patience almost inexhaustible, by the blessed impulses that are stirred up in the nature of every man, will glide insensibly into a stream of knowledge, such as our fathers knew not of; and over which they may pass safely if guided by the spirit of wisdom as well as the spirit of understanding and knowledge."

And again, further on, Dr. Acland most truly observes:—

"The tendency of our age seems to be the exaltation of intellectual development. This is well; but it is already discovered that this is not to be gained by attendance at lectures only,—that something beyond is required for real mental discipline. Working classes are therefore added to evoke the self-education which is necessary for all real mental progress. This is also well. By thorough application to any worthy subject of study, certain powers may be strengthened; by truthful, honest, accurate drawing; by sound, careful, precise musical exercise, vocal or instrumental, certain properties of sense, and certain valuable qualities of mind, may, without doubt, be heightened and enabled. By any of the classificatory sciences pursued practically,* powers of observation, comparison, reflection, judgment, are matured according to the original mental constitution of the student. By history, by true and philosophical investigation of language, in connection with its origin and development, all, or almost all, the faculties of which we are capable are called into play, unless we except the higher powers of abstraction, which are disciplined by mathematical studies."

Moreover, unless the moral element of our triune nature be developed beyond the mere intellectual cultivation of a people, small progress is made. The national as the personal life, it cannot be too often repeated, must progress as a whole, intellectually, morally, physically, and if the balance be disturbed there is an end to all healthy growth; a sinking, like that of the later Roman empire, through mere intellectual cultivation and excitement, into a general national degeneration. How acutely did the great satirist feel this cause of his people's decline when, in summing up his bitter picture of fame and her rewards, he pointed to the moral culture which they so neglected, as the source to which they must look for peace and happiness in the weary strife.

* By this, of course, is intended practical, experimental study of practical, experimental subjects, as opposed to mere verbal, book knowledge. It is extraordinary how frequently the necessity of attention to this is overlooked by both students and examiners.

Semita certe
Tranquillæ per virtutem patet unica vitæ.

And in fuller and clearer notes has not our own great poet sung the selfsame truth when of knowledge—intellectual progress—he says :—

Let her know her place ;
She is the second, not the first,
A higher hand must make her mild,
If all be not in vain ; and guide
Her footsteps, moving side by side
With wisdom, like the younger child :
For she is earthly of the mind,
But wisdom heavenly of the soul.

Ably and justly has Dr. Acland brought out this element of true educational progress in his suggestions :—

“ A part of Christian discipline,” he says, “ is termed, by some teachers on such subjects, the law of self-sacrifice. If there be one thread that seems to interweave itself, and disperse its hue over the whole of our life, it is this: **WE ARE NOT FOR OURSELVES.** The history of our universe tells the tale—the meanest thing on earth re-echos it. All things exist for others besides themselves: elements for compounds ; inorganic elements for organic existences; the lower forms of life for the higher ; the higher for man ; man for his fellow-man and for his Maker. The great cycle of chemical changes that go on through the world, touches, as it were, at one point, the nature of man, and so through him serves the great end of all, the worship of the Creator of all. Within the vortex of human duties and human destinies, there is a collision as endless, a sacrifice as continuous, a reward as great. If the inorganic elements are wrought into higher compounds, and the lower forms of life fall before the growth and the necessities of the higher kinds, so individuals among men continue to effect that for which by themselves they are powerless: lower intellects are subservient to the more gifted ; whole races sink before the advancing tides of others destined to speed the great progress of man.

“ In a more narrow view of society, the same self-sacrifice is the law of life. The surrender to duty of all that is dearest, and the yielding to that duty with joy, are the means by which, on a small scale or on a large, great moral steps are made. Of this training, and the struggle that it costs, all partake. All obey, resist, or slip meanly by. They who escape the contest have no certain honour among men—no peace in themselves. In them is no spirit of content. The child that has learnt the principle of obedience, and of faith its cornerstone, that has grown up in it, has looked for his reward beyond this world rather than in it, that has the settled purpose of preferring duty in all things to his own desires, that, in a word, follows the guidance of the Gospel,—that child grows to be a happy man, blessing, and blest. All things that can take root in him bear fruit according to his opportunities and his powers. His intellect expands, if intellectual development be his sphere ; but it expands harmoniously: his handywork, if handywork be his lot, is good work,—work that satisfies his own love of truth, and the need of his employer; whether the growth of his intellect or the skill of his hands be his aim and his duty, his affections and his passions are warm, but are under the control of his reason.

“ Nothing can compensate to the man for the loss of such culture: without it his intellect, however furnished, his manual skill, however applauded, leaves him sorrowing in heart,—dissatisfied, restless.”

The last part of Dr. Acland's essay contains some valuable suggestions on the question of recreation. This he justly divides into spiritual, intellectual, and physical ; the refresh-

ings which each of the parts of our threefold nature require when worn with the battle of life, we shall allow Dr. Acland, in the following extracts, to state his own views on each of these classes of recreation.

1.—*Spiritual Recreation.*

“Of all the causes which press on the spirit of a man who is fully engaged in the competition, anxieties, and cares of life, those which tell on him as a spiritual being, ‘heir of immortality,’ are, from time to time, the weightiest. He feels the urgent need of some time and some place where he may go apart for rest awhile. To the greatest number this is impossible. He has no such place, even if he have the time. The fields, it may be, are too far; his house is too crowded; he can find no quiet spot; the streets are his refuge and his chiefest solitude. What is it in us English which makes it impossible for the churches to be always open, that the weary in heart may find stillness there? Has the experiment failed in the few cases that it has been tried? Are there none, to whom the opportunity has occurred, that can tell of the blessings of the few minutes dragged out of the hurried work, and soothed by the peace of the dim still church?”

“What do the appointed guardians of our churches say to this? Where do they expect the poor, care-worn, overcrowded members of the flock to meditate? Do not the daily services at Westminster and elsewhere tell the feeling of the people? But do they not need simple mental repose and prayer, as well as a service in which they cannot pause? Are none of the intellectual portion of the community too weary on Sunday to follow the longer and fuller of our services? and do they not pant often for just the quiet of the altar-side, where they might commune and be still? Does Peterborough Cathedral suffer because its doors, and every quiet nook, to its honour, stand daily open?”

The following are from Dr. Acland’s observations on

2.—*Intellectual Recreation.*

“Next in importance to this kind of Re-Creation, or making again of the spirit of man, ranks the feelings of his intellectual faculties. Of the way in which this is to be done; of the reading which is desirable for children or for men in their various stations, it would be obviously idle here to speak. But, as to the means, it is clear that (1st) until lately the means were not within reach in Oxford, but that now in the Free Library they are; and (2ndly) that among the greatest boons which have been conferred on the working classes is certainly the Act by which free libraries may be supported by rate.

“There are other means, however, of mental refreshment than those which the libraries provide. I allude to music and to drawing. As to the first, it is to be acknowledged that its successful cultivation implies either great natural gifts or great precision and industry, and that all homage should be shewn to Milton’s conviction, ‘that solemn and divine harmonies recreate and compose our travailed spirits; and that, if wise men and prophets be not extremely out, they have a great power over dispositions and manners, to smooth and make them gentle from rustic harshness and distempered passions.’

“Public music, amateur and professional, deserves, therefore, in every community, the highest encouragement. Hullah has unquestionably been a national benefactor. Oxford, with her Choral and Motett Societies, and her College Choirs, may, and probably will, shew what kind of intellectual training can be furnished to a considerable portion of a community through the subtle sense of hearing. But indeed of this, as of the drama, it must be said, that, to be a real instrument of good, it requires the earnest efforts of able and generally cultivated minds. Great harmonies, like the amazing machinism through which they find their way to our souls, are grave and holy things, and by no means to be trifled with. Bad music is an intellectual nuisance, and it is one way by which the

virgin senses of children are polluted, as bad wall-prints and incorrect drawing are another ; it is as great an intellectual evil as a foul smell is a physical one. But the greatness of the evil our accustomed ears are too hardened to appreciate. An evil, however, it is, and one which would not be borne in a new atlantis or in a model republic. . . . There should be now no need for any man to urge the study of drawing, either as a means of cultivating powers of observation and habits of precision, or as a higher kind of intellectual exertion. We have been roused in our time from the aimless dilettanteism of the past age to a right apprehension of the two great ends of art: the one, the earnest, faithful contemplation, and honest, patient imitation of the forms and the colours with which the earth has been adorned ; the other, the teaching of the heart and the intellect through the painted or sculptured ideas to be conveyed by that form and colour. Whatever qualities may be strengthened by this loving, earnest imitation, we may train in our institutions for drawing ; whatever we may learn from the great spirits that have from time to time spoken for the good of men in this form of speech, we may, if we be humble, glean from their works. But here, as in science, all self must be eliminated ; and he who would learn from even the outward aspect of the world the lessons it will teach, must approach as a child—in reverence and in trust.”

3.—*Physical Recreation.*

Here again Dr. Acland meets the question in the same sound, healthy tone. We make the following extract from his suggestions under this head, and would venture to urge on our readers a full perusal of the suggestions themselves :—

“ The desirableness of more thorough and systematic attention to mere physical recreation is not perhaps sufficiently appreciated. Indeed, for professional men, however hard-worked, to expend half an hour upon joyous bodily exercise, away from a dusty road, almost brings them into discredit. A surgeon may dine out daily, expending four hours of time, and injuring his digestive organs ; but should he seek health, elasticity, and vigour—of body and mind—by one half-hour a week at quoits or at tennis, half his patients might desert him ; not seeing that what improves the bodily health of an intellectual man, improves his mental powers, to the great advantage of his employers. By this fashion—it can be called nothing else—I have no doubt many valuable lives have been lost. Besides its immediate effects, it engenders a certain stiffness in the whole deportment singularly unfavourable to the life of a man much employed within doors in intellectual occupation. There can be no doubt that the maintaining the occasional habit of boyish exercise to a late period of life might prolong the health of youth, unless resorted to with too little frequency, and too freely indulged in when enjoyed. It is moreover to be observed that this remark is of the more consequence as the educated and intellectual classes increase in proportion to the whole population ; for otherwise, as a greater number of minds become over-tasked, and the muscular development is impaired by the more intellectual life of the many, more nervous diseases will be engendered, and more weakly children will be born. Thus, in a physical sense, we might have to say :—

‘ *Ætas parentum, preior avis tulit*
Nos nequiores, mox daturos
Progeniem vitiosiore.’

“ It is given only to a few yearly to leave their work for several weeks, and to scour the Continent or stalk the Highland heather. But thousands and tens of thousands need it, and might in a more considerate state of society find their repose and gain their elasticity by their own town-side, as of old by the village-green. It would be impertinent trifling in me to say this, did I not believe that men’s true work would be better done with a more elastic frame and ruder health ; and that their families and their employers might find some to be

happier and wiser men who are now, morally and physically, victims to accidental custom."

In conclusion, we have to thank Dr. Acland for a most graceful and elegant contribution to the furtherance of the great cause of the physical and social progress of the people, and to acknowledge how successful his effort is to point the way to fellow-labourers, like ourselves, in this great cause, and to teach us how we best may do our endeavour to

Ring out the want, the care, the sin,
The faithless coldness of the times,

And so

Ring in the nobler modes of life,
With sweeter manners, purer laws.

And if, as we have before alluded to,

God's plagues still grounded are
On common stains of our humanity,

Specially does this hold true of mental disease in all its varied relations to physical disorders of the system, to uncontrolled emotion, to undue intellectual excitement and mental wear and tear.

In all these morbid mental relations, the suggestions in Dr. Acland's thoughtful pages will be found of much practical value.

C. LOCKHART ROBERTSON.

Plea of Insanity—The Trial of William Dove.

When an arduous juridical contention is at its height, when a man's life is in the balance of opinion between those who hold him to be insane and irresponsible, and those who believe him to be a cruel and calculating murderer, the passions of men are so much involved that it is difficult to estimate the merits of a scientific question, with a perfect impartiality and freedom from prejudice and a single regard to truth. The trial of Wm. Dove, for the murder of his wife by strychnine, and his defence upon the plea of insanity, has been of a nature to elicit an unusual amount of personal feeling, both among those who considered him one of the most atrocious criminals of modern times, and those who conscientiously believed him to be incapable of crime on account of mental disease or infirmity. Sane or insane, Wm. Dove has paid the penalty of a murderer, and hath been sent to appear

before the judgment seat of Him who "knoweth all things," and will "judge righteous judgment."

The removal of all cause of contention, and the lapse of time which adds strength to judgment and weakness to emotion, will, we trust, enable us to review with perfect impartiality the psychological features of this interesting trial, and to determine, with some degree of exactitude, whether Dove was or was not insane; and if insane, what was the peculiar form of his mental malady.

It is very remarkable that the various persons who have pronounced opinions adverse to Dove's soundness of mind, have differed very widely respecting the nature of his unsoundness. Mr. Bliss, the very able counsel by whom he was defended, expressly stated in his speech for the defence, that although the prisoner was not a very wise man, he certainly was no idiot; and he founded his defence upon the assumption that he should prove, not imbecility, but *moral insanity*. It was moral insanity, expressing itself in the uncontrollable desire to take life, which the medical witnesses at the trial bore testimony to. The jury, however, repudiated the idea of moral insanity and adopted that of defective intellect, and this idea has been endorsed and more distinctly expressed by Dr. Forbes Winslow, who, in his letter printed in *The Globe* newspaper, pronounced his opinion that the form of Dove's mental unsoundness was *congenital imbecility*. The idea of imbecility, or partial idiocy, does not appear to have presented itself to the defence; one witness indeed, the brother of the murdered woman, stated that the prisoner was in his opinion quite a fool. But, as he permitted his sister to marry such a being, and as he also was able to swear against all evidence, that in his opinion the cause of his unhappy sister's death was merely hysterical fits, his judgment may without injustice be set down as of no value. We must endeavour to arrive at a satisfactory conclusion respecting the state of Dove's mind, not from the opinions of such men as his brother-in-law, whose intellect, if measured by his evidence, would bear but an unfavourable comparison with that of the criminal; or even from the more unbiased opinions of schoolmasters, farmers, and servants, but from the actions and conduct upon which these opinions were founded. We must form a judgment in our capacity of medical analysts, as the jury had to judge in their capacity, not upon the opinions of others, but upon the actions on which they were founded. The actions of Dove with which we have been made acquainted are of two kinds; first, those adduced by the prosecution to prove the crime;

and, secondly, those adduced by the defence to prove the insanity. It is remarkable that the facts brought forward by the prosecution to prove the crime, without any apparent or probable intention on the part of the prosecutors, afforded the strongest proofs of foresight, calculation, and mental capacity. Had the prosecutors sought for the proofs of these mental faculties in the early history of Dove with as much diligence as the defence sought for proofs of his insanity, it is improbable that they could have obtained stronger proofs than those which came to their hands in unveiling the crime itself. The defence brought forward no evidence to controvert that which proved the crime, but they ransacked the life of the criminal for actions which would tend to show that the accused was not like other men, that he was unmanageable and cruel as a boy—that he was atrociously cruel and reckless as a young man—that he made boastful and false statements, and that he did things which a person having a sane and prudent regard to the feelings of others and his own interest would not have done. The history of Dove's life was not inquired into by the prosecution for proofs of his sanity. Had the question at issue been a civil one, the whole history of his life and conduct would have been examined from both points of view; but the theory of the criminal law being that a criminal is held to be sane until found to be otherwise, in criminal trials the proof of sanity is never sought for. The evidence of insanity stands alone, or falls by itself uncontradicted and by reason of its own weakness. Such an arrangement does not appear well calculated to promote the ends of justice. Many men who terminate a course of vicious folly in the felon's dock, have committed numerous actions of outrageous rashness, recklessness, improvidence, cruelty, and absurdity. Arranged by the hand of a skilful artist, isolated actions from the life of any habitually vicious man may be grouped into a tableau strongly representing the veritable features of mental disease. Insanity may appear as etched in outline, but if the omitted shades be filled in, the ugly lineaments of vice may appear. It has been alleged, as a reproach to the jurisprudence of our country, that in the eyes of the law, life is of less value than property. The difference between civil and criminal insanity trials seems to afford examples on which this reproach is not destitute of foundation. In the former, the whole course of a man's life is subjected to examination, and the acts tending to folly are rebutted by acts of reason, forethought, and freewill. But in criminal trials, the prosecution proves the crime, and if there is no other answer, the defence proves the insanity,

the evidence of which is commented upon, but not rebutted by the prosecution. The facts of psychological bearing with which Dove's trial makes us acquainted, may be fairly and succinctly stated as follows :—

The earliest facts of his life were elicited by a witness called by the prosecution; she was an old servant in the family and testified that at the age of seven years when undressed to go to bed he had sat with his back to the door for half an hour; he put a lighted candle in a basket and put it in a closet; he put candles and salt in the coffee mill, he put spirits upon the bed curtains and tried to burn them, but they were moreen and would not burn; he threatened to burn his sisters and chased them with a red hot poker. He cut himself and wrote his name in his own blood.

The next fact in order of time was, when Dove was twelve years old; he was then at school at Leeds, he obtained a pistol, with which he told his school-fellows, that he intended to shoot his father the next morning as he came down to breakfast. He subsequently went to a boarding school at Thorparch; here he was fond of mischief for mischief's sake, and was regardless of the consequences of his acts; at the end of a year he was expelled from this school. In 1840, he was a year at Wesley College, Sheffield. The principal of the college stated that there were peculiar features which partook "more of the animal than of the rational creature," but what these features were, the witness omitted to mention, he thought him different from other youths, but why, he knew not. From fifteen years of age to twenty-one years, he was placed with a farmer to learn farming; he never did learn farming, and his conduct on some occasions was marked by atrocious cruelty, he put oil of vitriol on six or seven cows and a calf, and the animals were seriously damaged; he frightened the servants by turning something alive in the kitchen, which was found to be two kittens with their eyes burnt out with oil of vitriol. He put oil of vitriol into the horse-trough; he tied the tails of two beasts together, put a band round one leg, and then drew the beasts up by throwing a rope over a beam; he set fire to some grass in a field and the fence was destroyed; he produced a knife to the farmer's wife, and told her that he had bought it to put it into her husband; he put a pitchfork through a turnip and held it to a cow's nose, and when the cow came he forced the fork into its mouth; he threatened to stab a labourer with a hay-fork. After leaving Mr. Frankish he went to America, on his return he told boastful and absurd stories respecting his proceedings in that country, namely, that he set a prairie on fire and escaped by following with the fire, that behind going out. That he had a fight with a bear, which he ripped up with a knife, that for this feat the indians crowned him with laurel and made him their king. On his return from America he took a farm at Braunham, "he did not farm it exactly as he ought to have done." In 1852, when at family prayers, a tramp came to the door and he said, she was to come in during prayers. Once he said, that two men were going to rob the house, he borrowed a gun and loaded it with pieces of iron; the burglars did not appear. When riding he once galloped his horse until it was covered with foam and then took it into the pond; he fastened a bull dog to the door of his house to keep away robbers, for the same purpose he searched the premises with a dog and loaded pistol. He brought his horse back one night with a cut in its back, which he had produced by proding it with a nail. He acted in a foolish way towards his housekeeper, he twice set her cap on fire on purpose, he threw a can of water over her, he used firearms very carelessly. When he married he took some of the cards himself. In 1852, he was known to cry, and say he was tired of his life, he said his wife was the cause. He presented a pistol at a servant, and he then put it two or three times into his mouth, he said, he would blow them all up, he was the worse for liquor but not drunk. He carried a six barreled revolver about with him loaded. He cut some apple trees almost to pieces; one he removed twice in a month. When he signed the temperance pledge, he threw away two barrels of ale. He sent to borrow two linseed cakes

from a neighbour one day, saying, they would fatten some beasts for market on the following day. He threatened to shoot a servant with a revolver pistol, then he fired it out of the window. He introduced himself to a Mr. Watson, saying, "he was a root-grown Methodist," and wanted to be a class leader of the Wesleyans. He then boasted he was worth as good as £5,000 and that he intended to make it £20,000. In 1854, he told some people in a shop he would kill his father and mother, he was removed by the police, he was drunk at the time. He complained of noises in his dwelling house, he was afraid of ghosts and goblins and did not like to go home in the dark. He once reaped some barley when it was green because other people were reaping theirs and he would not be behind-hand. In 1854, he gave notice to leave his farm and wishing to retake it, he got a wizard to act on the steward and make him offer the farm again.

Such were the facts adduced in evidence by the defence from the past history of the accused to prove his insanity. The facts adduced by the prosecution, which have a psychological bearing, may be divided into those which shew motive, and those which indicate the mental condition by the manner of the act itself. Among the facts which prove motive it was shewn that he led a life of wretched jarring and contention with his wife, that she constantly irritated him by reproving him for his drunken habits, and that he on the other hand was abusive, brutal, and violent towards her; he used opprobrious language towards her, threatened to blow her brains out, and she was in so much fear that on two occasions she fled the house; once she remained in the house of a neighbour all night; and at another time she re-entered her own house at one of the windows and crept under the bed of the maid servant, where she lay in the greatest fear. In consequence of this state of affairs, arrangements were made for a separation, but in consequence of Dove's promises of better conduct, his wife was prevailed upon to remain with him. It was proved, moreover, that Mrs. Dove was a sickly woman, always under the doctor's hands, and that Dove complained greatly of the expense thus incurred. Next door to him lived a widow, and he told those in his confidence, that when Mrs. Dove was dead he should marry her. Here we have three motives, none of them indeed, sufficiently strong to influence a well balanced mind to the commission of a great crime, but any one of them of sufficient strength, as the records of crime sufficiently testify, to instigate a bad man to any act of atrocity. Whether Dove was most actively influenced by hatred of his wife, by disgust at her ill health and the expense it entailed, or by an inclination for another woman, it is impossible to say; but it is impossible to deny that motive was amply shewn for the commission of the crime.

The leading facts relating to the commission of the crime were as follow: he asked one Henry Harrison, a professed wizard and astrologer, who had read to him the inquest on Parsons Cook, if he could get him some strychnine; Harrison declined; he then applied to a pupil of Mr. Morley, a surgeon of Leeds, for the same poison; in making his request he referred to Cook's case, and said that strychnine could not be detected; he said his house was infested with wild cats and he wished to destroy them. Ten grains were given to him, and it appears that he used this portion of strychnine for the purpose which he assigned. A week afterwards he applied for some more, and six grains were given to him; this occurred about a week or a fortnight before Mrs. Dove's death. Subsequently, however, he made his way into Mr. Morley's surgery when no one was in it, and helped himself to a third portion of that deadly drug. From Monday the 25th February to Friday the 29th he gave his wife six doses of the poison, each dose producing the excruciating agony of tetanus. On the Thursday he wrote the following letters to Mr. Morley, who was in medical attendance upon his wife, and to his wife's mother:—

Dear Sir,—Mrs. Dove tells me she has entire confidence in you, and she thinks that it would be going to needless expense to have any one else. Don't be deceived—I have entire confidence. I don't wish to grieve you to-day. Will you be kind enough to speak to Mrs. Dove to-morrow on religion? for she says

she wants some person to take her by the hand as she feels herself a sinner.—I am, dear sir, yours respectfully,

WILLIAM DOVE.

February 28th.

Dear Mother,—We received your kind letter this morning, and in answer to which I am very sorry to say that my dear wife is no better, but worse. Yesterday at twelve o'clock at noon, she had one of the spasms, and it did not pass off till two; and at a quarter to twelve last night she had another attack, which did not pass off until a quarter to three. I had just got to bed but had to get up, and on Tuesday, and yesterday until half-past three. Mrs. Kilham and Mrs. Hicks came to see my dear wife yesterday. They say they will come again. There is a widow lady next door very kind; I don't know what I should have done but for her and Mrs. Fisher. I am nearly worn out, but shall not complain. My wife said she wished her mother was here. My opinion is that if she has another shock she will die, and I would not like to see her without some of her relations. I will do for her what I can until I drop. My love to all at home, and the love from your affectionate son,

WILLIAM DOVE.

P.S.—I know it is an expensive journey; I wish I had money to send you, for you should have it with pleasure. My friends come very little.

Before his wife was dead, he told Mr. Morley that she had a strong objection to a *post mortem* examination. This was untrue. After her death he received a note from the coroner stating that the body might be buried, upon which he remarked, "it is all right now, she may be buried." To Mr. Morley he said, "should I have done it openly? should I have come to your surgery for it? if you find any let me know." To Harrison he said, during the inquest, "Can they detect a grain or a grain and a half of strychnine?" he said he had got some from Mr. Morley's man to kill a cat; some might have been spilt and taken by his wife. Before his wife's body was closed up, he kissed the lifeless corpse and said, "So teach us to number our days, that we may apply our hearts unto wisdom." While the prisoner was awaiting his trial at York Castle, he wrote the following letter to Mr. Pearce, schoolmaster, of Newcastle:—

York Castle, June 18, 1856.

Dear Sir,—I am very weary at present about a rumour which is said to be very prevalent at Leeds and among the public at large that I, Wm. Dove, pretend to be insane. The said talk gives me great pain. I hope, Sir, my conduct in this prison has proved the contrary. To take the Queen's pleasure I cannot, away with it, especially when I know I am innocent of the charge. I ask you, Sir, as a friend, would you allow them to plead insanity?

WILLIAM DOVE.

And the following letter:

Dear Devil,—If you will get me clear at the assizes, and let me have the enjoyment of health, wealth, tobacco, beer, more food and better, and my wishes granted—life till I am sixty—come to me to-night and tell me.

I remain your faithful servant,

Written in blood.

WILLIAM DOVE.

This letter was written in blood. He also wrote another letter, but this was suppressed at the discretion of the counsel for the defence. Subsequently, to his condemnation he made in writing a full confession of his guilt. This confession is a lengthy document, written in good grammatical English; in the selection of terms and modes of expression this confession displays an amount of mental power and culture considerably above the average of that possessed by persons in his rank of life. If this remarkable letter is read in connexion with the one preceding, it will be thought to indicate a deliberate attempt on the part of Dove to manufacture for himself evidences of insanity. But if the letter was a genuine expression of the wretched man's superstition, fear, and wickedness, it would be no proof of diseased mind. The belief in devil's contracts have been common enough, and has formed the basis of romances and dramas in all countries which possess a literature. Faustus has been dramatised by Marlowe, Calderon, Goethe, and Mr. Mark Lemon.

In our opinion, Dove's written confession, and his letters which were read in court, entirely disprove the assertion that he was a congenital imbecile. In summing up, the judge referred to the style of the prisoner's communications to his friends, their conciseness, coherency, and grammatical accuracy; and he asked the jury whether they could believe that he was a man who possessed but a glimmering intellect, and who was (as he had been described by the Wesleyan schoolmasters) as near an idiot as could be? Moreover, it appeared, that although he had committed some foolish and reckless acts in the management of his farm, yet, on the whole, that he had managed the farm in a manner of which an idiot or an imbecile would have been incapable.

The history of the crime itself entirely disproves the allegation of imbecility. The plot of the murder was laid with great precaution and deliberation, indicating no mean degree of calculation and foresight. It may safely be averred, that if Wm. Palmer had procured and had used the poison with which he murdered Cook, with as much cleverness as that displayed by Dove, he could not by any possibility have been convicted. If Palmer had poisoned cats or dogs with strychnine before he gave the fatal dose to Cook; and if, instead of buying or begging that dose he had obtained it secretly by an act of theft, he would never have been convicted. In the perpetration of his last crime, Palmer was a bungler compared with Dove. Dove indeed laboured under the disadvantage that Mr. Morley discovered strychnine in the body of his victim, while Professor Taylor not only failed in his analysis, but declared that success was impossible. And yet we are asked to believe that this man who obtains and uses his instrument of destruction with a remarkable degree of foresight, cool determination and skill, that this man is a congenital imbecile—as near an idiot as may be. The only legal dictum which will bear upon imbecility is that of chief justice Hale, that “one who hath as great understanding as a child of fourteen years ordinarily hath,” is responsible for criminal actions. That William Dove had this amount of understanding no one can doubt. Therefore, of the two theories propounded respecting Dove's insanity, we believe that the one of congenital imbecility is quite untenable; and that the one propounded by the counsel for the defence, is the only one having a shadow of probability. That theory was, “that from his youth he had suffered from *moral insanity*, which had developed as his life had progressed, and had ultimately manifested

itself in the dreadful crime with which he was charged." This appears to have been the theory by the medical witnesses, with the additional explanation that the crime itself resulted from an uncontrollable desire to take life. Now it must be admitted, that the chain of circumstances selected from Dove's previous history, and proved in the defence, nearly resemble those acts which some writers upon mental disease have described as proofs of moral insanity ; but they also resemble the acts of recklessness, cruelty, and malice, which have been often described as the marks of a depraved boyhood, and which may not only be found in the records of the "Newgate Calendar," but in the vicious members of any large school.

How are such acts to be distinguished as occasioned by disease, or as resulting from depravity ? The most trustworthy indication that they are the result of disease is afforded by the manner of their appearance. Dr. Pritchard, the first English writer on Moral Insanity, refers preeminently to its causes as an indication of its nature. "There is often," he says, "a strong hereditary tendency to insanity ; the individual has previously suffered from an attack of madness of a decided character ; there has been some great moral shock, as a loss of fortune, or there has been some severe physical shock, as an attack of paralysis, or epilepsy, or some febrile or inflammatory disorder, which has produced a perceptible change in the habitual state of the constitution. *In all cases, there has been an alteration in the temper and habits.*" The able and learned inventor of moral insanity was never bold enough to assert that immoral and vicious acts could, by themselves be accepted as proofs of mental disease ; he never went further than to accept them as symptoms of disease, the existence of which he inferred from the nature of its causation.

If Dr. Pritchard's opinions on the subject of moral insanity had been accepted in our courts of law (which they never have been), the case of Dove could not have been made to tally with them, because the vicious acts proved in his defence were not in any way capable of being referred to any diseased processes, or to any cause of diseased processes, nor was there at any time any "alteration in the temper and habits." He was traced from the age of seven upwards, as a wilful, passionate, mischievous, and cruel boy. And unless every such boy is to be reckoned in the ranks of the insane, the defence proved too much for its own theory. Moreover, the manner of the crime was wholly inconsistent with the theory of uncontrollable impulse. Had Dove in an excess of rage shot his wife with the revolving pistol with which he often threatened her

and himself, or taken her life in any other sudden and impulsive manner, the theory of uncontrollable impulse, founded upon that of moral insanity, might have been propounded to explain the act with some show of reason. But the manner of the act was wholly different: it was proved not only to have been in contemplation, but in preparation, for weeks before the catastrophe. Inquiries were made respecting the chances of discovery, and finally, when the poisoning process was commenced, five times was the horrible drug given, at intervals of a day or so, and in doses only sufficient to disarm suspicion, by producing the resemblance of disease. The friends of the unhappy woman were written to, to induce them to expect her death as the result of disease; and then the finishing dose was given, and the wretched victim of his hate, expired in the dreadful agonies of strychnine tetanus. This calculating, deliberate, and prolonged arrangement of his crime, is as inconsistent with the theory of uncontrollable impulse, as it is with that of imbecility. The circumstances of the crime themselves proved, not only mental capacity and deliberate forethought, but they also proved the consciousness of wrong doing, and the fear of punishment.

If the criminal laws of this country are not based upon absurdities, are not the shadow of a sham, and rotten at the core, the cruel and dissolute wretch who destroyed his wife by the inconceivable tortures of six doses of strychnine, richly deserved to feel the weight of retributive justice.

We have omitted to express any opinion of Dove's belief in the professions of the wizard Harrison. In the regions of mental ether, inhabited by metaphysical psychologists, the most common beliefs of the vulgar may be estimated as symptoms of mental incapacity and unsoundness. But those whose business brings them into contact with the minds of the half educated classes, know full well, that if belief in witchcraft is a proof of insanity, half the population in our rural districts are indubitably insane. Professor Harrison, of Leeds, obtained his living by the exercise of that which our forefathers all believed in as "the black art," but which we rightly consider as an absurd and degrading superstition. We happen to know other professors of these mock sciences, who obtain handsome incomes from the wide-spread credulity of our fellow-citizens. Belief in the black art cannot be accepted as a proof of insanity, or even of unusual ignorance, if it is common, as we assert it to be, among the lower classes of the community. It is true that astrology is not fashionable in the present day among the men who expound science, and

administer law. But are there no other mock sciences which are fashionable, and which are not more reasonable? Is that so called science which attributes to hysterical females the power of transferring their souls into the bodies of other people—the power of prophesy—the power of reading with the pit of the stomach—the power of omnipresence, of soul travelling to the pole or the moon, to be placed on a higher pedestal than the time-honored superstition of witchcraft? Is not the belief in the supernatural wonders of this mock science as great a proof of insanity as the belief in witchcraft can be?—witchcraft which at least is supported by the authority of Scripture, and which, so late as the seventeenth century, was generally and implicitly credited.

To believe in witchcraft is certainly to linger behind the advanced intelligence of the age. But to believe in the prophesies of clairvoyant girls, and in the communications from the spirit world, made by tapping upon mahogany tables, is to believe that which has neither the prestige of ancient error, nor the sanction of modern sense.

J. C. B.

Criminal Lunatics: are they responsible? Being an examination of "The Plea of Insanity." In a Letter to the Lord High Chancellor. By J. RUSSELL REYNOLDS, M.D., London, Churchill, 1856.

WE commenced the perusal of this work with a degree of interest commensurate with the reputation of its talented author; and we must confess this interest has not been disappointed, for it contains new and bold views, urged upon grounds which certainly possess the interest of originality; but which, as certainly will not bear to be measured by the author's standard of truth and rectitude, namely, "the common sense or consense of humanity."

Dr. Reynolds commences by defining "*sanity of mind to be that normal state which results in the recognition or correct appreciation of things as they are;*" and he illustrates the idea arithmetically thus, $2 + 2 = 4$ is truth, *i. e.* sanity; $2 + 2 = 5$ is falsehood, *i. e.* the converse of sanity, *i. e.* insanity.

The same idea projected from the province of fact into that of duty and of advantage, gives us a correct appreciation of all

that constitutes sanity of mind. The author's next position is that, "*The proof of sanity in an individual is the concurrence of his opinions, beliefs, and choices, with those of the race or nation to which he belongs;*" Dr. Reynolds supports this opinion with so much ability, and such force of argument that we were at first convinced of its truth; in the exercise of a sensitive conscientiousness, we began to reflect whether it would not be right to present ourselves without delay before the proper authorities and request the safeguard of an asylum and the advantages of treatment, for we are too well aware that we entertain some opinions and beliefs which have not the concurrence of our race and nation. But as we proceeded in the perusal of Dr. Reynold's pages, we began to doubt the propriety of accepting his dictum as axiomatic truth, because we found that he also entertained opinions which are undoubtedly and decidedly at variance with the "common sense and consensus" of mankind. If the metaphysician circumscribes sanity of mind within so narrow a bound that he himself cannot find standing room within the pale, if in spreading his net to enclose the insane, he takes so wide a sweep that he encloses himself within the meshes of his own casuistry, to whom can doubtful mortals look for direction and instruction? If all are mad, where shall we find keepers, "*Quis custodiet custodes ipsos?*" Dr. Reynolds thinks in opinions, beliefs, and choices that a national concurrence is the standard of appeal to which sanity of mind must be referred. Upon this dogma, all sectarians would be insane; moreover, it would exclude from the pale of sanity all men who are in advance, all men who are behind the opinions of their time. Two hundred years ago, the judge who did *not* believe in witchcraft and sorcery would have been insane; to-day such a belief is adduced to prove the insanity of a criminal. We do not think that "the consent of opinion is the test of truth," either in matters of "fact, of duty, or of advantage." Truth is invariable, but opinions vary wide as the poles asunder, according to differences of time and place. And if variance from common opinion were a proof of insanity, every man who ever lived might be proved insane, were he to be displaced from the position or period assigned to him in the world's drama.

We are surprised to find it admitted by Dr. Reynolds, that his sane people, whose opinions, beliefs, and choices concur with his standard of appeal as to what is true, right, and advantageous, unfortunately find it possible to commit crimes. But if we examine the three classes of motive to which Dr. Reynolds attributes the commission of crime, we find that he has

made a slight mistake, and that according to his own definition of sanity, no sane man can be influenced by either of these motives, and consequently that no sane man can commit a crime.

(1.) "The sane man may do evil that good may come;" "there is a misapprehension of truth and rectitude." But the author has previously shewn that the standard of truth and rectitude is the concurrence of opinion, and that an individual is sane only so long as his opinion and choice on these subjects tally with that standard. When "his opinions, beliefs, and choices are at variance with the common sense or consense of humanity," "the individual is of unsound mind." Now when the choice of truth and right has been confessedly at variance with the standard in consequence of mistaken, *i. e.* erroneous opinion, the individual has deviated from the standard of sanity on both events. In passive opinion or belief, and in active selection or choice, he is equally insane.

(2.) "The sane man may deliberately balance evils, and prefer committing an illegal act, and taking the risk of discovery and conviction, to resisting the temptation of foregoing an immediate gratification," this is "a determinate ignoring of moral obligation." The "common sense or consense of humanity" is recognised in opinion, but transgressed in action, that is, in choice. But the man who is at variance with the popular standard of truth and right in *choice*, although not in belief, is an exile from the temple of sanity, and this kind of criminal, is upon the author's own shewing, demonstrably insane.

(3.) He may be impelled by some strong passion which he at the time does not control; "there is a temporary suspension, or a perversion of the faculty of discrimination between the lesser and the greater good." Here the state of belief goes for nothing, but the actual choice is at variance with the standard, and a proof of insanity.

Under whichever class of motives they act all criminals must, according to Dr. Reynolds's definitions, be insane. We regret to have come to this conclusion at so early a period, for it deprives us of the interest we should otherwise have had in examining his definitions of insanity and its proofs, which run thus:—

"Insanity of mind is the absence or diminution of those qualities which constitute sanity."

He would be a clever man who could find any fault with this definition except that it is insufficient and unsatisfactory. "The proof that an individual is of unsound mind depends

upon a recognition of the fact that his opinions, beliefs, and choices are at variance with the common sense or consense of humanity." We have not the courage to lead our readers through all which might be said of this definition. It is the opposition of that defining sanity, and commenting upon it would only be reversing the engines or progressing backwards.

Introduced to the insane by the above definition, we feel ourselves in the presence of so vast a multitude that curiosity is lost in wonder and alarm.

"Tous les hommes sont fous et malgré tous leurs soins,
Ne diffèrent entre eux, que de plus ou de moins."

We must, however, stay to remark that while the author strenuously asserts that the Will is free, he proves with irrefragible logic that it is the contrary. "The actions of men are determined by motives, and the choice of action is dependent upon the choice between motives. Simple sensations, feelings, and ideas concur to make up the sum of motives by which the will is guided, or amongst which it is to choose;" "the individual acts in accordance with the most powerful incentive, the gratification of that incentive being the greatest good in the estimation of that individual," the mind acts in accordance to fixed laws from which it can by no means escape," &c. If all these doctrines be true, where can free Will find standing ground? But Dr. Reynolds asserts that the Will is free, and he gives an excellent reason for doing so, namely, because the "common human consciousness asserts that it is true." No matter what science may dubiously whisper, *that* is the standard of truth and the test of sanity. We also estimate the blessings of freedom, not only of the will but of the person, and we therefore stand by the common human consciousness, variance from which is the stamp of madness and the signal for restraint.

Having made all the world insane, Dr. Reynolds very prudently and properly attempts to mitigate the mischief by rendering all the insane responsible, or at least by pronouncing upon the responsibility of the greater portion of them, and by presenting such obstacles to the irresponsibility of the remainder that it could never be proved.

He says, "*That the insane man is responsible for his insanity, when the latter has been produced or occasioned by circumstances over which he either has or had control.*" And that "*the insane are as responsible as the sane for actions committed through insanity which they have voluntarily brought upon themselves.*" If they could have withstood the causes of their insanity, they are as responsible for any crime committed in consequence of their

insanity as if they were sane at the time of the commission of the crime.

The man who has become a lunatic from intemperate habits "is justly treated when he receives the punishment due to the offence" caused by his insanity. The man who "persists in making use of a fowling piece which he believes to be insecurely made, has no one to blame but himself if it bursts;" and, to carry out the author's theory, if a fragment injures his brain and causes insanity, and if in the delirium of that insanity he commits murder, "he is only justly treated when he receives the punishment due to the offence." The same argument will apply to instances wherein the causes of insanity have not been reprehensible. The theory is founded not upon the causes of the insanity being morally right or wrong, but upon their being under the control of the individual. Consequently a mother who had become insane by overwatching at the bedside of a sick child, is as responsible for the murder of her child, committed during her delirium, as if she were perfectly sane, because she had control over the circumstances by which her insanity was produced.

Another modification of responsibility, is that "*the insane man is responsible for actions which present no discoverable relation to the definitely morbid condition of the mind.*" If a lunatic who is known to be homicidal only commits a theft he is responsible for it. If a melancholic madman, whose delusions are not known to be homicidal, commits a murder he is responsible for it. We fear that these opinions will not stand that test of truth, the concurrence of human opinion, and that our author, although a philosopher and a profound thinker, is in no little danger if his own definitions are adopted. But how is the author's ardent wish to be attained; that in lunacy trials, observations and facts may be appealed to exclusively, and all theorists put down with a strong hand. "The distinction of sanity from insanity," says Dr. Reynolds, "is commonly based upon medical testimony; but this principle is by no means satisfactory in its results." "It is the jury, I repeat, which has to decide those questions by the exercise of its ordinary judgment; and it is so because the standard by which sanity is to be tried is the common sense of humanity, and not the opinion of a few scientific men."

But what will be the issue of a lunacy trial on the above principles. (1) Whether the opinions, beliefs, and choices of the accused are at variance or not with the common sense or consense of humanity. (2.) If at variance; whether the original causes of the insanity were or were not under the control of the

individual. (3.) If they were not under his control; whether the criminal action had or had not any observable relation to the definitely morbid condition of the mind of the accused. If the affirmative is proved in all these three issues, then and then only, is the lunatic to hope for an acquittal. Certainly, if the plea of insanity is to be tried on these propositions, the most experienced mental physicians will find themselves non-plused in all lunacy trials. But where are jurymen to be found capable of following the intricacies of such a metaphysical maze? The doctors of the Sorbonne might have tried, but they would have been quite inadequate to the task.

Our readers will scarcely find their predilections for insane metaphysics augmented by the perusal of this ingenious work, and mental physicians will scarcely fear that their skill and experience will be thrust out of court in favor of the consense of humanity. The pathology of the brain, after all, must go for something, and the looks, actions, and talk of a madman will be appreciated and understood better by those who have made them a life long study, than by an "ordinary intelligent jurymen."

Foreign Psychological Literature.

The *Annales Medico Psychologiques* for July, contains an able article on the different forms of Lypemania, by M. le Dr. Billod. The conclusions are as follow:—There are four classes of Lypemania. The *first* with sorrowful ideas and reaction; the subdivisions of this class being, religious melancholy, demonomania, hypochondriac melancholy, and melancholy with stupor. The *second* class with sorrowful ideas, but without sorrowful reaction, has seven subdivisions—melancholy with reaction of gaiety, with reaction of irony, with reaction of pride, with reaction of anger, with reaction of mania, reasoning melancholy. The *third* class has sorrowful ideas with mixed reaction, and has five subdivisions—melancholy with sorrowful ideas with intermitting reaction of sorrow and anger, melancholy with sorrowful ideas, habitual reaction of gaiety, with intermitting of anger, with sorrowful ideas, habitual reaction of irony and intermitting of anger, with sorrowful ideas, alternations of gaiety and sadness, with alternations of melancholic depression and maniacal excitement. The *fourth* class without sorrowful ideas, but with expression of sadness.

The *Medico-Psychological Society of Paris* continues its interesting discussions on Hallucination. *M. Michea* concludes that there is a difference of nature, and not simply one of degree between hallucinations and mental conceptions and representations, and that some hallucinations have their origin in modifications taking place in the substance of the sensorial nerves, that the will is not absolutely without influence in the production of an hallucination. It is not able to determine the direction of the hallucination; but when this has been established, it is able to command the object of the hallucination.

M. Delasiauve, in an address replete with critical acumen, combats the opinions of his able and philosophical antagonist, *M. Baillarger*, that there are two classes of hallucinations, psychical and psycho-sensorial; and he concludes that no precise and useful demarcation can be traced between the infinitely varying phenomena of hallucination. Each case must be studied by itself in its origin, its symptoms, and its progress.

The conclusions of *M. Bourdin* are, that hallucination is a conception of the mind, mistaken and accepted for a veritable sensation; that it is a pathological and never a physiological operation; that it is compatible with the normal exercise of most of the cerebral functions; but that it is incompatible with the integrity of the reason.

M. Purchappe finally expresses his opinion on the several propositions of this discussion as follows:—Hallucination is not a simple modification or exaggeration of a normal state of the psychical activity; it cannot be considered a physiological phenomena, but that it is compatible with integrity of the reason in those numerous and authentic instances in which it has not occasioned any error of judgment but has been recognised as an illusion by the individual. As to whether the simultaneous action of the organs of sense and the brain is an indispensable condition to hallucination; this cannot be denied in illusions of the senses, but in true hallucinations it is not so. The hallucination of sight and hearing in the blind and the deaf, demonstrate that hallucinations is independent of the organs of sense. The action of the organs of sense, however, does not go for nothing in the phenomena of hallucination, since there are incontestible examples of hallucination, associated with sensations, or connected with an actual condition of the sensorial organs.

The Report upon the Foundation, Construction, and Organization of the French Asylums, by Dr. Van Leeuwen, of Jersey, is reviewed by *M. Billod*. He repeats all the French objections to the non-restraint system, especially the one that solitary confinement in a padded room is a mode of repression more painful, restrictive to the liberty, and injurious to the health than the use of the strait waistcoat. We observe that *Dr. Van Leeuwen* has taken up the pen in defence of his opinion that the non-restraint system practised in England, and now (owing to *Dr. Van Leeuwen's* exertions) making rapid progress in Holland, is far preferable to the system of treatment practised in France. His able replies are being published in the *Chronicle de Jersey*. We trust that when complete they will appear in the *Psychological Journals*.

THE ASYLUM JOURNAL

OF

MENTAL SCIENCE.

The Diagnosis of Insanity, by JOHN CHARLES BUCKNILL, M.D.

Concluded from page 445, vol. ii.

*The Diagnosis of Mania — Melancholia — Monomania —
Moral Insanity — General Paralysis — Feigned Insanity
— Concealed Insanity.*

Mania is the term applied to that large class of mental disorders in which the functions are in a state of excitement, and their mutual dependence and proportion disturbed. It embraces forms of disease so widely apart from each other, that in treating practically of its diagnosis it will be essential to make some classification. For practical purposes it will be sufficient to distinguish its forms into those of *acute mania*, comprising cases which present recent and active symptoms; *chronic mania*, in which acute symptoms have given way to others of a more tranquil and permanent kind; and *incomplete mania*, corresponding to the “*mania raisonnante*” of the French, and embracing those anomalous and undeveloped forms of mental disorder in which defective power of volition and morbid propensities are prominent symptoms.

The term *diagnosis* is generally understood to mean the distinguishing one disease from another, but it is also applied to the act of distinguishing a state of disease from a state of health. Practically, it must be held to include not only the discrimination of diseases, but also their recognition. The recognition of acute mania is as easy as that of imperfect mania is frequently difficult. Few diseases have their character so legibly stamped as that of raving madness.

The physiognomy of mania has already been commented upon at sufficient length. The expression of wildness, distraction, or anger, is often varied with that of mischief, lasciviousness, or fear, and strong emotional excitement of some kind or other is rarely absent from the facial expression of the maniac.

The physical symptoms are by no means constant, and are of little value diagnostically; the face is pale or flushed, the skin dry and harsh, the bowels constipated, the pulse accelerated, the tongue bearing a whitish fur, the breath offensive, saliva increased and frequently spit out, the urine loaded with phosphates, &c. But any or all of these symptoms may be reversed, and any or all of them may and often do occur in numerous diseased conditions where there is no affection of the mental faculties. In the treatment of insanity all the signs of physical disturbance merit careful attention, but in the diagnosis their value is exceedingly small. Almost invariably in acute mania there is loss of sleep, a diagnostic symptom of the utmost value between the real and the feigned disorder. The acute maniac will often pass five or six days without any sleep, and five or six weeks with only three or four hours of sleep at intervals of several days. An impostor, feigning the violent form of madness, cannot refrain from deep and regular slumber, which falls upon him with the more certainty as he exhausts himself in his efforts of spurious fury. The impostor, moreover, cannot feign the physiognomical expression of acute mania, or at all events, he cannot maintain it for more than a few minutes. A man may imitate frantic gestures or shout gibberish without difficulty so long as his physical strength enables him, but he cannot maintain any look expressive of strong emotion unless he has practised the histrionic art with great care and success. The voice muscles, and those of the limbs, are constantly exercised in obedience to the will, but those of the countenance are the involuntary exponents of emotion. Conversation, properly so called, is always difficult, and often impossible with an acute maniac. In many cases the mind is so much occupied by delusive ideas, that only a few disconnected words can be elicited; more frequently, however, acute mania is accompanied by garrulity; this is especially the case when the exaggerated emotions are cheerful and expansive. This form of mania often exists without prevailing delusion, and the patient rambles on in his talk through a strange medley of boasts, promises and threats, oaths and obscene remarks, in a manner which renders it easy to understand why M. Falret supposes it possible that in this condition there is a spontaneous creation of ideas.

The restless and ever changing condition of the mind, expresses itself as strongly in action as in vociferation and wild words. The patient is always in movement, running, dancing, gesticulating, embracing, or fighting with those around him, displacing or sometimes breaking furniture, thumping with fists on the door of his room, and evincing in manifold ways the restless activity of the muscular system. It is probable that this impulse to action is not entirely dependent upon the condition of the brain. The nervous system generally, is in a state of excitement, causing an uncontrollable desire to expend its energies in excessive muscular action. This restlessness, however, is not met with in all cases. In gay mania, in mania with fear and anxiety it is common; but in morose and sullen mania the patient will often retain one position for a considerable time. But even under such circumstances the clenching of teeth and hands, the half involuntary movement of the limbs, evidently restrained by the will, indicates strong impulse to action.

The condition of the mental faculties in acute mania presents the widest differences. In many instances no trace of delusion can be discovered in a patient who is vociferating, swearing, laughing, reproaching, in constant movement, and without sleep. All the observations and the remarks are sometimes found to have a certain kind of cleverness and shrewd appreciation of all that is taking place. The attention skips from object to object with choreic rapidity and abruptness, causing exaggerated and absurd emotional states, but in many instances not falsifying the judgment. In most instances, however, delusions and hallucinations exist, and the task of detecting them is not difficult, for in this form of disease the patient is so demonstrable that he usually dins his delusion into your ears.

Hallucinations appear to be more frequent in acute mania than delusions proper, and also more frequent than they are in any other form of insanity. Hallucinations of sight are very common. In acute mania, patients see the Deity, and angels, and devils, hear music and voices, believe their food to be human flesh or poison, and a hundred hallucinations of the same sort, far more frequently than in other forms of insanity.

Little address is required on the part of the physician to make himself acquainted with the intellectual and emotional perversions of these demonstrable patients, or to decide as to the existence of disease. The conditions with which it is possible that acute mania may be confounded, are drunken-

ness, delirium tremens, the delirium of fever, and inflammation of the brain and its membranes.

To distinguish acute mania from the ordinary cases of excitement from intoxicating liquors, it will be enough to observe, that the drunkard can be recalled to a sense of his position, that his excitement soon passes into drowsiness and tendency to coma, and that he has no real delusions or hallucinations. Frequently the stomach is deranged, and the intoxicating liquid can be smelt in the breath. The mental symptoms of ordinary drunkenness are mild and pale when contrasted with those of acute mania. But there is a form of drunkenness in which the distinction is difficult and not always possible. Persons who have suffered attacks of insanity, or of inflammation of the brain, or wounds of the head, are liable to a train of symptoms when they become intoxicated which are identical with acute mania. Drunkenness of this kind is not to be diagnosed from the disease under consideration, it is indeed the disease itself, so long as it lasts. The symptoms often, but not always, subside when the alcoholic stimulus has passed out of the system. The cause of the maniacal symptoms and their short duration, are the only indications that this condition is a dangerous variety of drunkenness.

Another variety of delirium from drink is only to be distinguished from mania proper by a knowledge of its cause. It is the delirium which sometimes comes on at the termination of a long debauch; when a man has been drunk for many successive days, a form of active delirium occasionally supervenes in which the symptoms resemble those of mania and not those of delirium tremens. This delirium is caused by excessive alcoholic stimulation, and not by the withdrawal of a stimulus as in delirium tremens. The countenance and conjunctiva are congested, the pulse is full, the skin is hot, and the delirium is loud and violent. There are no symptoms by which this form of delirium can be distinguished from acute mania.

The diagnosis between delirium tremens and acute mania can be made by observing in the former the peculiar muscular tremor, from which it derives its name, and the more remarkable and distinctive feature presented by the character of the illusions and hallucinations which are always fearful, and of a pursuing and persecuting character. Snakes are about the bed, robbers are breaking into the house, fiends are getting in at the window or down the chimney. Or if there is no decided hallucination of this kind, there is an anxious desire to do some particular thing, generally connected with the

ordinary occupation of the patient. The skin is more cold and clammy, the pulse is more feeble, the tongue more white and tremulous in delirium tremens than in acute mania.

The diagnosis of meningitis from mania is made by observing in the former premonitory rigors, and excessive cephalalgia, followed by acute febrile disturbance of the organism, a bounding pulse, a hot and dry skin, a prominent and blood-shot eye, a contracted pupil with a great intolerance of light, accompanied by a fierce delirium, in which illusions of the senses are common. In acute mania many of these symptoms are often absent, and those which do present themselves have much less intensity than in cerebral inflammation. In cerebral inflammation, tendency to muscular exertion so common in mania is absent, or only demonstrates itself in brief actions instigated by the delirium. The emotional disturbance is less remarkable than in mania. The affection also tends rapidly to terminate in recovery or in death. In the latter case convulsions supervene, the pulse becomes rapid and small, the pupil dilates, the skin is covered with clammy sweats, and the vital powers gradually fail; death may also come on more rapidly from coma. This rapid sinking is not observed in mania. Some patients do indeed die suddenly from what is called maniacal exhaustion, but even in these cases the course of the disease is more prolonged than in fatal instances of cerebral inflammation. The immediate cause of death in such cases is sudden syncope.

The only forms of mental disease, for which acute mania may be mistaken, are acute melancholia, and the excitement which occurs in some instances of general paralysis.

Between acute mania, and acute melancholia, no distinct line of demarcation can be drawn. The domains of the two diseases overlap so much, that in practice, cases not unfrequently present themselves, which may with equal propriety be referred to the one or to the other; cases which we may call acute mania with melancholic depression, or acute melancholia with maniacal excitement. The typical forms of the two diseases are however sufficiently distinct. In acute mania the emotions are expansive, and when not decidedly gay, they tend to anger rather than to sorrow, and intellectual perversions are common; but in acute melancholia, the prevailing characteristics are self-depreciation, terror at some supposed evil which is present, or dread of something which is impending. The thing feared may or may not have an existence; if it has no existence, the fear of it is a delusion; but beyond this,

acute melancholia is frequently unattended by any perversion of the intellectual faculties.

The maniacal excitement which attends general paralysis is distinguished by the muscular tremors of the tongue and lips, by the catch of the voice, and the other symptoms which accompany this insidious disease; and also by the peculiar nature of the delusions which, in the great majority of instances run upon, the possession of vast wealth, power, strength, or position. The excited state of general paralysis which may be mistaken for acute mania rarely lasts more than from ten to thirty days. After that time the excitement subsides while the delusions and the muscular symptoms remain, and the nature of the disease becomes apparent.

Chronic mania has to be diagnosed from malingering, from eccentricity, or from sanity. There are no non-mental diseases for which it can be mistaken. The symptoms of chronic mania present themselves in such infinite variety, that it is extremely difficult to round them within the compass of a description which will be sufficiently brief for the purpose of comparison. Chronic mania, in the sense in which I use it, as distinct from incomplete mania, is in most instances the result and the remainder of the more acute form. It represents the rudderless and shattered state of the vessel after the tornado of raving madness has swept by. The wreck is left in every variety of condition; sometimes sail enough remains to keep her head to wind; sometimes she lies upon the waters, a log, in the helpless state of consecutive dementia. In chronic mania of this kind, there is always more or less of dementia; and the loss of mental power is to a great extent diagnostic between chronic mania, which is consecutive upon acute mania, cerebral inflammation or typhus; and chronic mania, which has resulted from moral shocks, or from physical causes less injurious to the organic integrity of the brain. Chronic mania, which has not passed through the acute stage, frequently presents a remarkable vigour of the intellectual functions, in so far as they are not affected by delusion. Patients with this form of disease not only retain the perceptive faculties in all their activity, but the memory also is found to be tenacious; and even the judgment, on matters not connected with the delusive opinions and the perverted emotions peculiar to the case, may be found to be sufficiently trustworthy. It will be asked, how such a case is to be distinguished from one of monomania? and in truth the distinction between the two is not very observable in practice; though, if we accept the book descriptions of

monomania, the distinction would be easy. In chronic mania there is more than one delusion, and the emotions and sentiments are affected. It is unnecessary to embarrass our present subject, by discussing the existence of book-drawn monomania; for the present purpose it is sufficient to observe that primary chronic mania runs insensibly into the nearest approach to monomania with which we are acquainted. In some cases the delusions are numerous, in others they are few; in others there is but one; one, however, indissolubly connected with other grave lesions of the mental powers.

Incomplete primary mania is often to be recognized by the existence of an abnormal state of the emotions and sentiments. This symptom is more constant and valuable than any other; the difficulty lies in proving the abnormality. When friends and relatives are detested and abused, and the objects of natural affection are overwhelmed with invective, when all sacred things are made the subject of blasphemy, it is easy enough to point to the moral perversion which has taken place. But the slighter shades of perverted emotion require all the adroitness of the experienced alienist to detect. Absurd opinions are generally co-existent and allied with perverted emotions. Very frequently they appear to be consequences of the former. It is not easy, however, to prove which is the first phenomenon in the series of causation. When a mother, for instance, detests her child, and believes that she has been poisoned by it, it is not easy to demonstrate whether the false belief arises from the perverted emotion or the contrary. However this may be, perverted emotions and delusions proper are frequent, and almost constant symptoms in chronic primary mania. Hallucinations and illusions are more rare. Hallucinations present themselves more frequently in consecutive chronic mania, where the intellectual functions are permanently weakened. These are general rules, to which, however, exceptions are by no means unfrequent. One important exception is presented in the frequency, in primary mania, of hallucinations referrible to the patient's own body, and dependent upon peculiar states of pain or palsy of feeling, owing to abnormal conditions of the nervous system or of the viscera. When living animals are supposed to occupy the various cavities of the body, in consequence of sensations of pain or fluttering, or irregular or internal movements, caused by chronic inflammations or cardiac palpitations, or intestinal flatulence, or cramps, or when various parts of the body are supposed to be converted into inanimate substances in consequence of palsied sensation.

The only disease I have known to be mistaken for this form of insanity, is exaggerated *Hysteria*. The diagnosis must be made by observing the sex, age, constitution and character of the patient, which, to the experienced physician, will generally reveal the nature of hysterical attacks, whatever form they may assume. They do sometimes assume the form of mania, with violent general excitement, and strongly pronounced moral perversions. These may be looked upon as the proper symptoms of the disease; but hysterical patients have been known to feign delusions and hallucinations, just as they will feign every thing else. The hysterical type of the patient, the paroxysmal nature of the excitement, and the contradictions in which she may be detected when closely examined upon the circumstances of her supposed delusions, will rarely fail to detect the comparatively harmless nature of the affection. This will be the more easy, if the effect of remedies appropriate to hysteria can be tried. But hysteria does sometimes pass into real mania, and carry with it some of its own peculiarities. In all the instances in which I have observed the transition, there has been a strong hereditary tendency to insanity. The transition has been marked by an obvious febrile crisis, and by that most important symptom of early mania, loss of sleep. The medical man must therefore exercise due caution, in avoiding to pronounce any case to be purely hysterical, because it has once been so. If, in a young woman of hysterical temperament, the perverted sentiments and desires, the strange conduct and excited demeanour pass into a febrile stage, accompanied by rapid pulse, by loss of sleep, and by delusion or hallucination, hysteria has passed into mania. Patients are even met with in whom periods of hysterical and maniacal excitement alternate; and it is not difficult to distinguish in them, when the superficial disorder presents itself, and when it yields to the more profound and serious disease.

The diagnosis of mania from sanity, or, in plainer terms, the recognition of mania, is sufficiently simple when all or several of its symptoms are present in a marked degree; but when only a few of its symptoms exist in a doubtful and incomplete form, its recognition is arduous in the extreme. If the physician is fortunate enough to obtain a history of his patient, his difficulties are greatly lessened. For instance, suppose a case in which the physician is informed that the parents of the patient were insane before his birth—that he had had a fever, a blow on the head, or a severe disap-

pointment, and that soon afterwards he had become delirious, with loss of sleep, and violent conduct, and in fact, had had an attack of acute mania; that on the subsidence of these symptoms he had passed into a more tranquil condition, and had recovered his bodily health. If, upon this history, the physician found his patient with the physiognomy of mania, the furrowed countenance, wild eye, and dislocated expression of the several features; if he found, on interrogating him, that he had unreasonable antipathies to his friends, that he had an extraordinary state of feeling and sentiment, intense pride for instance, or obstinacy, or selfishness, or vanity; if he found that his sentiments had changed—if, for instance, from being religious and moral, he had become impious and dissolute; if, from being benevolent and truthful, he had become cruel, base and false; if, moreover, he found that his conduct was restless, and his actions unreasonable; and if in conversation he found that the powers of concentration and of memory were deficient, he would scarcely want the further evidence of actual delusion to drive home and clench the opinion of his insanity. But if all cases were as plain as the one here supposed, no skill would be required to form a judgment upon them. Ploughmen and blacksmiths would be sufficient to say that such men were insane. The opinion of the physician is really required in difficult and balancing cases, and for these no positive rules can be laid down, like those of a code of maritime signals. The history of the patient may be wanting, or may only be obtainable from ignorant persons, who cannot describe it for want of observation; or from prejudiced persons, who will not describe it truly, for lack of honesty. The physician will then be thrown entirely upon his own resources, and compelled to determine solely from the appearance, conduct, and conversation of the patient.

It is rare, indeed, to meet with a person suffering from any form of mania, who does not bear the impress of his disease in his countenance, his bearing, and his demeanour. The characters may, perhaps, be dubious, and almost illegible to the inexperienced eye; but as it is the purpose of this essay to direct the observation and assist the discrimination of such an eye, we shall mention many of these slight characteristics, at the risk of appearing tediously minute to the man of experience.

The physiognomical symptoms have already been commented upon. The principal characteristics in many of the patients is the peculiar want of harmony in the expression of

the features. In others, the fixed expression of some intense emotion is remarkable; of defiant pride, of sullen obstinacy, of smirking vanity, or of leering sensuality. A twitching of the orbicularis, or of other facial muscles, is not uncommon. In a great many cases of chronic mania, the hair becomes harsh and bristling, and the skin of the scalp becomes loose. The medical man should never omit to examine the ears. The discovery of a shrivelled ear tells an undeniable tale of profound mental disease. Altogether, the effect of mania, and, indeed, of all forms of insanity, is to stamp upon the patient a remarkable degree of ugliness; and there is no symptom of returning mental health more trustworthy and more pleasing than the restoration of personal beauty. Among the female patients of large lunatic asylums not a single good looking woman is often to be seen, except those who are convalescent, or those who are enjoying a prolonged interval of tranquillity and amelioration.

The demeanour of the patient is often like the expression of his face, defiant, or sullen, or restless, or each alternately; or it is the statue-like quietude of absorption; or it is careless or negligent. Sometimes the head, or some other part of the body, is twitched convulsively; sometimes the hands are rubbed together perpetually, or the patient stands on one foot at a time, or in walking he slithers his feet, or he crouches or kneels, or indulges in some other bizarre movement. Rarely indeed is the demeanour of a patient suffering from primary or chronic mania, exactly that of a sane man. The condition of the patient's clothes is rarely devoid of significance; they are frequently ill arranged and dirty; they are also frequently strange from some attempt on the part of the patient to impress upon them some peculiarity, for instance, a military or clerical character; or they present a studious coarseness and simplicity, or, on the other hand, an excess of ornament.

The physician passes from the observation of the signs, to the active investigation of the mental state, by questioning and conversing with the patient. In most cases it is well to commence by drawing the patient into a conversation on the most ordinary and natural topics. These will serve to test his power of attention, and to establish some confidence between the parties. If the physician is quite without clue to the state of the patient's mind, he will do well to observe some order in his examination thereof. By so doing, he will save time and trouble; and should the delusions be limited in number and extent, he will be more likely to avoid over-

looking them. The delusions which are unconnected with the patient's individuality are few and unimportant. Hence it arises that if the physician can induce the patient to enter regularly into a description of his own sentiments and opinions respecting himself, he will seldom be left long in the dark respecting the nature of the delusive ideas. This will especially be the case if the physician has the forethought and the tact to lead the patient to talk about himself in his various relations to his property, his friends and relatives, his business, his health, his ambition, and his religious hopes. If the physician will range and quarter the extent of his patient's mind, as a well trained pointer does a stubble field, he will rarely allow any delusion to escape undetected. But if he wanders at random, he may expend his labour upon fruitless enquiries. Any order is better than none; but the order of enquiry which would most readily suggest itself, namely, that of examining the state of the mental faculties one after the other, is not, in practice, the most successful. After testing the fundamental faculties, the attention, the memory and recollection, and the judgment, which may be done by ordinary conversation on any subject, it will be well to give up the idea of any metaphysical or phrenological system of mind, and to conduct the further examination upon a plan laid down upon the active duties and relations of life. The patient may be led to give an account of his own powers of body and mind, with reference to health, to exercise, diet, and study. Thousands of delusions are entertained by insane people upon these subjects. He may then be led to converse respecting his possessions, his means of livelihood, and his hopes of advancement in rank or property; such conversation will open up the delusions of pride, ambition, acquisitiveness. He may then be led to converse of his near relatives and friends, and especially respecting his birth and parentage, stress being laid upon his belief whether his parents were his actual and real parents. This enquiry will tend to open up any delusions respecting imaginary greatness, and any perverted emotions towards those who ought to be dear to him. The subject of religious opinion may then be introduced. The religious devotions and exercises which he practises may be inquired into, with the reasonable expectation of finding insane delusions on a subject which touches the deepest sentiments of the soul. If the patient is an educated man, it will be right to converse with him upon politics, and upon science. If he can stand the test of a discriminating enquiry on all these subjects, he certainly

cannot be the subject of mania; and if he has any delusions, he must either retain the power of hiding them, or they must exist in some obscure corner of the brain, from which they are little likely to influence with any force the opinions, the feelings, or the conduct.

Perverted propensities and instincts come under the province of observation, and cannot usually be elicited by verbal examination. Indecorous conduct towards the opposite sex, ravenous and perverted appetite, filthy and unnatural habits may be ascertained by watching a patient, or from the evidence of those around him.

On all the subjects above mentioned, of opinion, sentiment, instinct and conduct, the chronic insane differ to a greater or less extent from their fellow creatures; and what is generally of more importance, from themselves. If it can be ascertained that the points of difference have been consequent upon some cause potent in the production of mental disease, before the operation of which cause the patient was like other men, there can be no hesitation in setting down all the discoverable differences to the account of insanity. But the assistance of etiology is not always available in diagnosis; either the former history of the patient may be out of reach, or it may prove that the differences between him and other men have existed from an early period of life. It would be incorrect to say that some men are born maniacal, as others are born idiotic; but it is perfectly correct to say that some men are born with so strong a tendency to mania, that the disease gradually develops itself in very early life in such a manner that it is impossible to compare the mature maniac with any previous condition of his former self in which he may be predicated as of sound mind.

In such instances, the strangeness of thought, feeling, and conduct can only be compared with a standard of human qualities as they exist in the race. The standard of mental health is necessarily transferred from the individual to the kind; and although it may be more difficult to appreciate deviations from the latter, because the standard itself is not only more variable, but also further removed from comparison, still it may be made use of. "Mankind are by nature so closely united, there is such a correspondence between the inward sensations of one man and those of another," that any considerable deviation from the principles of thought and feeling common to the race, may justly be set down to causes more profound than the superficial influences of "those merely nominal relations which hold men together

in little fraternities and copartnerships.”—*Butler’s Sermons*. The effect of such cause, which alters the disposition and bias of nature, is properly called disease, when it depends upon a pathological state of the brain; when such a state cannot be predicated, it is referred to eccentricity.

The Diagnosis of Eccentricity is only likely to be required in cases of disputed will, or in criminal trials where eccentric conduct is seized upon to support the plea of insanity. There appear to be two forms of eccentricity, radically distinct. The one arises from an excess of what phrenologists call individuality. With little regard for the opinions of others, the eccentric man of this class strikes out a path for himself in all matters, both of opinion and of conduct; such a man is often endowed with more than an average portion of good sense and of moral courage, although his sense is founded upon reasonings marked out by his own mind from propositions laid down by himself, and adverse to the common sense or consense of those among whom his lot is cast; and his moral courage is displayed in adhesion to his own opinions, and in setting at naught the ill-founded ridicule of the world. Goldsmith gives an admirable sketch of this species of eccentricity in the character of Burchel. It may safely be affirmed, that an eccentric man of this type is further removed from the chances of insanity than most of the sane people upon whose prejudices and fantasies he sets a remorseless foot. Such a man possesses the minimum of vanity, and is therefore not easily wounded by events which would overwhelm others with disgrace and chagrin. His intelligence is generally clear and untrammelled, and little liable to be made the sport of his passions; his emotions may be strong but they are under control. He steers an independent course, far from the fleet of common minds under the convoy of recognized authority; and in the storms of life, he battles vigorously against disaster, and resists shipwreck better than most men.

The eccentric man of the second class deviates from the ways of his fellow men from weakness of judgment, from love of applause, and the desire of drawing upon himself the attention of others; from conduct ill-regulated and influenced only by vacillating emotions, strong and weak, according to the caprice of the hour. Men touched with imbecility are almost always eccentric; if the imbecility is secondary upon an attack of acute mental disease, that is, if it is strictly speaking slight dementia, they are always eccentric. Slight imbeciles, with gentle and affectionate dispositions, may by careful and good training avoid all devious paths in conduct.

As a rule, however, a large proportion of the persons who become laughing stocks on account of absurd vanities, or who become troublesome and mischievous to their friends or the public, on account of absurd scheming or ridiculous behaviour, will be found to have intellectual powers of the lowest order, great desire of approbation, and little individuality. In many cases, however, the transition is marked by perversion of the emotions, by unfounded suspicions, anxieties and antipathies, and also by signs of physical disturbance, by sleeplessness and general feverishness.

This form of eccentricity is often nearly allied to insanity, and is often premonitory to it. Its subjects are to be found in families tainted with hereditary predisposition to mental diseases; and it merges so gradually and insensibly into mental disease, that the lines of demarcation are traceable only with the greatest difficulty, and, indeed, often are not to be traced at all. Eccentricity of this kind and insanity overlap at the edges, so that there is a region in which either condition may be predicated of its objects. On each side of this region the distinction may be drawn, by observing in eccentricity that the intellectual faculties are in no way perverted, and, with the exception of the judgment, that they are not even defective. The practical judgment is invariably weak; the character is marked by obstinacy or fickleness; unaccountable states of emotion often present themselves, but they are remarkable for their strangeness, rather than their force. The perverted emotions of the eccentric man are feeble in comparison with those of the lunatic, and it is seldom that they result in offences against the law. The propensities of the eccentric man are normal, and his countenance, demeanour, and state of muscular activity are devoid of the signs of insanity.

There is a form of apparent eccentricity, which is in truth a state of latent insanity. In this form the intellect may be vigorous, but the emotions are invariably morbid. There is more than a tinge of melancholy in the feelings and sentiments, and this reacting upon the imagination gives rise to opinions and conduct strangely at variance not only with the common ways of men, but with the vigorous intelligence of the individual. Such a man was Samuel Johnson. Such men may be less liable to insanity than the eccentric and vain imbecile, but it may be affirmed of them, that they never enjoy the free and healthy action of all the functions, mental and bodily, the *mens sana in corpore sano*. Such men are neither altogether eccentric, nor altogether alienated from the sane portion of

mankind; their course of life is often vigorous and decided, and although owing to the mental bias they move in curved lines, still the bias is calculable, and the line of progress determinate.

Diagnosis of Melancholia.—Before the time of Esquirol, all the forms of partial insanity were included under the term melancholia; but since the general adoption of the term monomania, suggested by him, melancholia has frequently been included under this term. This is not less an error than the former, for melancholia and monomania are distinct diseases, although they constantly and greatly encroach upon and run into each other. In pure melancholia the intellectual faculties are not involved; it presents the most indubitable example of emotional insanity. I have seen cases the very converse of melancholia, in which gaiety and cheerfulness, fun, frolic, and delight, without the slightest trace of delusion or erroneous opinion, have been the symptoms of mental disease; known to be such from their etiology, from their physical symptoms, the effect of remedies, and their results. Such cases are too rare to justify any alteration of nosological arrangements for the purpose of including them, and they are generally noticed as instances of mania. They are, however, cases of purely emotional insanity, forming the converse of those far more numerous cases in which the sentiments and feelings are sad, gloomy, and fearful.

Melancholia is frequently hereditary; that is, not only is the tendency to insanity, but the tendency to this particular form of insanity, transmitted. It is occasioned by all the moral causes of mental disease; especially by griefs, disappointments, reverses, and anxieties of every kind. It is also caused by long continued ill health, occasioned by the infraction of the laws of hygiene; and it is the most frequent form of mental disorder which accompanies the grand climacteric of women. It is very needful to bear in mind the etiology of mental disease, in attempting to form an opinion of the symptoms of uncomplicated melancholia; because these symptoms vary in degree, but not in kind, from that normal and healthy grief and sorrow, of which all men have their share in this chequered existence.

Many writers on insanity assert that melancholia is very frequently a mere growth from a state of normal grief and low spirits. According to my experience, this statement is incorrect, or has only a slight and fallacious foundation in the accidental occurrence of real causes of normal grief simultaneously with the pathological causes of melancholia.

An occurrence which would produce normal grief in a person not predisposed to mental disease, produces melancholia in a person who is so predisposed. In such a case it may only be possible to found a distinction upon the relative intensity of the natural, and of the pathological, emotion. In other instances, melancholia is produced by causes which have no power over the normal emotions; and in such, the consideration of the etiology is an important point in the diagnosis.

The symptoms of melancholia are sorrow, despondency, fear, and despair, existing in a degree far beyond the intensity in which these emotions usually affect the sane mind, even under circumstances most capable of producing them; and in numerous instances existing without any commensurate moral cause, and often without any moral cause whatsoever.

Grief, fear, and anxiety are natural to the mind; delusion and hallucination are unnatural; therefore it is that the existence of the latter affords much greater help to diagnosis than that of the former. Disease has to be ascertained from the degree and origin of the former, while the mere existence of delusion is often enough to guide the judgment. To adopt a term from other forms of disease; melancholia is an homologous affection, while mania and monomania are heterologous. It is, however, not less a diseased condition, although it is more difficult to determine at what point the disease commences. Just as in early stages of fatty liver it is difficult to pronounce whether the organ is in a state of disease or not, because fat is a natural constituent of the liver. But cancer of the liver is easily detected at an early stage, because it is a heterologous formation, and easily distinguished from the neighbouring parts. But when the whole texture of the liver has become transformed into fat, and when this transformation is contemporaneous with other pathological changes, intimately connected with its production, its nature is perfectly obvious and apparent. So with emotional diseases of the brain; at their commencement it is often impossible to be certain of their nature; one must wait awhile to observe their course. But when the whole tissue of the mind is stretched in one direction, when all the faculties are swallowed up in one overwhelming emotion, there can be no more hesitation respecting the pathological state. No mental disease stamps itself more legibly upon the physiognomy and demeanour of the patient than melancholia; the sad and anxious eye, the

drooping brow, the painful mouth, the attenuated and careworn features, the muddy complexion and harsh skin, the inertia of body, the stooping and crouching postures, the slow and heavy movement, speak of distressing oppression of the faculties, and intense wretchedness. In other cases, fearful anxiety is added, and the eye becomes bright, the nostril dilated, the movements quick, irritable, and often impassioned, under the influence of some vague terror. If the physician can note the above symptoms, and can trace them to a cause productive of insanity, he will have little difficulty in pronouncing his patient insane, although he can discover no trace of delusion. In most instances of this kind, the patient is painfully conscious of the nature of his malady; he not only knows that he is insane, but will seldom attempt to conceal his consciousness thereof from any considerate and sympathizing enquirer. Milder cases of this kind do not always require the restraints of an asylum, but they do require those cheerful influences of kind friends, change of scene, and mental diversion, which would be resorted to if the case was one of ordinary and healthy grief. The fear of suicide, and the possibility of preventing it, is that which gives value to a positive diagnosis.

Pure melancholia is frequently preceded by a brief period of general mental excitement; and in many cases short periods occur during the course of the disorder in which the symptoms verge upon those of mania. Two or three sleepless nights occur, the patient becomes irritable and restless, and talks on the subject of his grief with vehemence; he soon, however, relapses into the dull and languid monotony of his former condition.

Melancholia tends to the development of delusion; and in four cases out of five of melancholia, delusion will be found to exist. By delusion I do not mean an exaggerated self-depreciation, or an excessive sensibility to the supposed neglect of friends, or to words construed into expressions of reproach. These doubtless indicate weakness of judgment, and may, perhaps, strictly be considered as a proof that the intellectual functions are not wholly sound. But by delusion I mean an intellectual error, caused by the pathological condition of the mind, and displaying itself in false sensation, perception, or conception; in illusion, hallucination, or in delusion proper. The melancholic who simply believes, in the earlier stages of his malady, that he is unworthy of God's favour, and too wicked to enjoy peace in this life, or felicity in the future; by dwelling upon

these ideas, the result of emotional rather than of intellectual operations, comes eventually to believe either; first, that he is the devil incarnate, a delusion; or, second, that he hears the voices and sees the forms of fiends, an hallucination; or, third, he refers gastric pains to an internal devil, an illusion causing one form of demonomania.

The delusions of melancholics are frequently single, and hence the intimate connexion between this form of disease and monomania. They also are frequently concealed by the patient, as before said. The pure melancholic is conscious of his disease; he is also painfully conscious of the delusions which engraft themselves upon it. He struggles against them himself, and endeavours to conceal them from others. The delusions of mania are obtruded upon the notice of the physician by the demonstrative vehemence of the patient; but the delusions of melancholia must be sought for carefully, skilfully, and patiently. The physician must throw his grappling-iron in every direction, and expect to draw it up empty many times before he lays hold of the sunken cable. But if, with adroit management, and sympathizing gentleness, he enquires into the patient's feelings and opinions in relation to the Deity, and to the future life; in relation to his friends and property; in relation to his social position and expectations; and in relation to his bodily health, it is improbable that any established delusion can long escape his notice. Melancholic patients will, however, not only conceal, but sometimes deny their delusions. When this is the case, there is no remedy but patience and prolonged observation. The delusion which may be repudiated to-day, will be imperious and undeniable in a week's or a month's time. Melancholia proper, passing into monomania, is essentially a chronic disease; and its symptoms cannot be observed before they have become developed.

There are two varieties of melancholia proper met with in the field of actual observation. In one the emotional functions involved are those of sorrow and regret. These emotions dwell upon what has already taken place, and the mental anguish of the present is derived from the contemplation of the irrevocable past.

In a second form of melancholia, the emotions indicated are those of apprehension, fear, terror, in all its modes of expression. Excessive anxiety, or that form of mental disease, which the Germans call *angstgefühl*, and which is often seen in our wards, but not yet placed in our nosologies, belongs to this variety. The mental pain occasioned by

these emotions, arises from the anticipation of future misery. Esquirol's term of lypemania ought to be restricted to the former variety. Cases are actually met with in practice, in which the present anguish of mental disease is occasioned solely by the contemplation of the past, or solely by the contemplation of the future. In a strict nosology, it would be well to restrict the term lypemania to the former, and pantophobia to the latter of these varieties of mental disease. The large majority of instances, however, of depressive emotional insanity, are compounded of fear and sorrow, in ever varying proportions.

Melancholia attonita.—Melancholia sometimes assumes a form which may be mistaken for extreme dementia. This form was recognized by Dr. Burrows, who says, speaking of melancholics, "sometimes they are so wholly absorbed by one or more delusions, as to be almost lost, even to animal instinct, and to the functions of automatic life." It has more recently been investigated at length by several French authors, and especially by the able editor of the *Annales Psychologiques*, M. Baillarger. It is called by him, *Melancholie avec stupeur*, and is said to be composed of two forms of mental affection; namely, of the sadness, self-depreciation, and motionless fear of melancholia; and the embarrassment of thought, the slowness of conception, and intellectual inertia of primary dementia or stupor. The patient stands or sits in one fixed position, or walks slowly to and fro, in one unvarying movement. The calls of nature are not attended to, and the patient has often to be fed, dressed, and removed from one room to another by force; he maintains an obstinate silence, or mutters unintelligibly to himself. A strong tendency to suicide frequently exists, and sometimes the patient undergoes an accession of temporary excitement. The expression of the countenance is peculiar—it is that of intense reverie or petrified thought. When the patient recovers, he is found to have fully retained his consciousness of all that has happened to him, and of all the events which have fallen under his notice; and it is usually found that his mind has been absorbed by some fearful hallucination or delusion. One has thought himself standing to the chin in a sea of blood, another surrounded by the dead bodies of his relations. These cases of melancholia, resembling profound dementia, may be distinguished from the latter malady, first, by the expression of the countenance, which is contracted and marked by an intense although an immoveable expression, in the one case, and in

the other, relaxed and expressionless. Second, in *abstracted melancholy* the patient resists being moved, sleeps badly, and often refuses food; in dementia, he complies with the wishes of the attendants, has a good appetite, and sleeps well. Third, in abstracted melancholy the bodily functions are more seriously affected than in dementia; the body is emaciated, the complexion is sallow, the skin is harsh, and the secretions generally deranged; whereas in dementia the body often retains its plumpness, and the secretions are little altered from a healthy standard. Fourth, after recovery, the patient who has been affected with abstracted melancholy, is found to have retained his consciousness through the whole period of his disease; when recovery takes place from primary dementia, the past is found to have left no traces in the memory.

The diagnosis between melancholia and hypochondriasis is discussed at length in the first volume of this Journal, page 213.

Monomania.—This form of insanity is seldom primary. The great majority of cases are transformations from melancholia. In some instances melancholia exists for a time without delusion; but at length the delusive idea develops itself, acquires consistency and strength, and thenceforth sustains and directs the course of the perverted emotions. After the development of the delusive idea, however, the emotional disease frequently subsides, or continues to exist in a milder form. In these cases, the single intellectual error becomes prominent, and easily attracts observation. In many other cases it is not possible to distinguish between the period of emotional disturbance, and that of intellectual aberration, the two appear to arise contemporaneously, and it may even seem that the intellectual aberration is first in order of time, and the emotional disturbance the consequence thereof. A man of wealth and reputation fancies that he is pursued by the police for fraudulent bankruptcy, and his mind is occupied by the most gloomy apprehensions, and by the saddest regrets. If such a disease has developed itself slowly, it will be possible to observe the order of causation, and my own experience confirms that of M. Guislain, M. Brierre, and others, who affirm that the emotional disturbance always occurs first; and the intellectual perversion takes place subsequently. When the symptoms of such a case develop themselves more rapidly, the emotional and intellectual phenomena cannot be observed in any order of succession. They appear to rise spontane-

ously; but since they do not arise spontaneously in those cases whose course can be observed, it is, I think, more probable that their apparent contemporaneousness is unreal, and dependent upon difficulties of observation, rather than that the succession of phenomena should be different in rapid cases to that which is observed to exist in slow ones.

It is of the utmost importance to trace the existence, past or present, of perverted emotion, in common with deluded opinion. Deluded opinion on one subject, standing by itself, and without hallucination or perversion of the emotions or instincts, cannot be recognized as a form of insanity. The history of human error, and especially of religious error, affords such abundant examples of every species, and every exaggeration of absurd opinion, that opinion or belief alone, without reference to the mode of its causation and its accompaniments, cannot be viewed as a type of insanity. The difference between a Mormonite, a Princeite, a clairvoyant, or a table-rapper, and a true monomaniac, depends upon this, that in the former the absurd opinion is the natural consequence of ignorance, and inaptitude to apply rightly the faculties of observation and judgment; in the latter, it is one of a train of symptoms of a pathological condition of the brain, and is consequent upon the well known causes of such a condition. Hence it results that the diagnosis of monomania is only to be effected by studious attention to the present condition of all the mental faculties, as bearing traces of more active disease passed by; and also to the antecedents of the patient, investigated in a manner at once minute and comprehensive. To take an actual example: two persons each avow themselves to be the incarnate Son of God. In one instance we find that the individual has for years before the avowal, studied and interpreted the Scriptures in the most mystical manner; that although a clergyman, his judgment relating to matters of theology has always been of the most weak and errant kind; that in consequence of his want of common sense and judgment, and of the vagaries of personal vanity, he has lost all chance of preferment in the regular course of his profession. As the world rejects him he redoubles his mysticism, his vanity, and his spiritual pretensions; he persuades some washy-minded people to believe in him, and to confer upon him the adulations which he demands in his character as the impersonation of God upon earth. This gentleman has displayed no emotional perversion. He was misplaced in the Church, which has developed all the weak points in his

character. A feeble judgment, a prurient vanity, and a seething imagination have made him what he is.

The counterpart of this picture is afforded by a patient under my care, the prominent characteristic of whose mental condition is the belief in exactly the same opinion avowed by the other. Three years ago this man was an industrious and well-informed artizan, he was sober, honest, and not particularly religious; he had a fever, and after the fever an attack of maniacal excitement, from this he appeared to recover, but his temper was altered, he became irritable, suspicious, and quarrelsome. After the lapse of more than a year, he declared himself the Son of God; his temper now improved, and at the present time the delusive opinion is, perhaps, as nearly the sole mental affection, as is ever seen in cases of so-called monomania. Occasionally there are outbursts of violence towards those whom he thinks ought to obey him, but on the whole he is docile, and on other matters reasonable, and works industriously at his trade. There is this remarkable difference between the mystic and the madman, that the former turns his delusion and that of his dupes to a profitable account, and lives more like a Sybarite than a Saviour; whereas, the latter labours humbly at his calling and adheres to his delusion though he must feel it costs him his liberty. A short residence in the wards of an asylum would most probably reduce the pretences of the voluptuous mystic; and there is little fear that his absurd belief, if it is a belief, will impel him to conduct, which will endanger the comfort or the safety of his person. But the belief of the madman is a real and a dangerous one, which may lead him to the commission of any violence either upon his own person or that of another.

In discussions which have recently taken place upon the reality of monomania, much confusion has arisen from the want of distinction between insanity upon a single subject, and insanity of a single faculty. The commonly accepted meaning of the term monomania, is that of insanity upon a single subject; but a delusive opinion of such a kind, even if the subject is of the most simple nature, and most unlikely to involve the affective functions of the mind, cannot exist without the wrong action of several functions. Take for example, the case mentioned by M. Esquirol, of Mdle. F., who was constantly in fear lest *something of value* should adhere to her which did not belong to her. She constantly rubbed her dress, lest something of value should be hid

therein ; sometimes she would touch nothing, not even food, lest something of value should adhere to it. She was on all other subjects intelligent, and in good health, and she sometimes laughed at her own absurdities. Esquirol says it was impossible to detect any disorder of her sensations, reason, or emotions. To our mind, it appears that both the reason, and the emotions were undoubtedly affected in this case, and that it is more than probable that the sensations were also involved. The patient took two or three hours to dress, so careful was she to rub her clothes, to wash, and to comb her hair, lest something of value should adhere to them. Surely the sensations of a healthy person would have ascertained the non-existence of this *something of value* in less time than two or three hours ! The judgment, that is the reason, was of course affected, otherwise a single comparison of her fantasy, with the actual conditions of reality, would have dispelled the delusion. The emotions of conscientiousness, and of fear, its near ally, were deeply implicated ; their unhealthy excitation was indeed the probable groundwork of the whole delusive structure. Insanity on a single subject, therefore, implicates many of the faculties..

Monomania of a single faculty, in its strictly philosophical sense, is not to be discovered in delusion, however simple and circumscribed it may be. If it exists at all, it exists in the pathological condition of some one or other of the emotions or instincts. There can be no doubt that the sexual instinct is not unfrequently thrown into a state of extreme excitement by pathological changes taking place in the nervous system. This painful form of disease not unfrequently presents itself during the semi-pathological changes of old age. Those who have been distinguished, during a long life, for prudence and propriety in their relations with the other sex, when, from old age, they have one foot in the grave, are seen to throw off all restraint and to rush into the most reckless and disgusting libertinism. Whether or not this change of manners is accompanied by diseased processes in the brain, I have not yet been able to ascertain by observation. I think, however, it is highly probable, because I have seen nymphomania end fatally in young women, and in these cases, in addition to false *corpora lutea*, I have found great cerebral congestion. Excitement of the sexual functions may depend upon spinal irritation alone, the lascivious ideas being secondary results, just as ideas of food are the results and not the causes of hunger. Satyriasis and nymphomania, as examples of monomania, are, therefore, liable to the objection that they

are spinal or cerebro-spinal affections, and independent of that part of the brain, which is the organ of the mental functions.

The desire of self-preservation appears to be intermediate between the instincts and the emotions. There can be no doubt that it is capable of being pathologically affected strictly by itself. Instances of suicidal insanity are not uncommon in which this emotion is completely subverted, whilst no other function of the mind is touched. The unhappy patients reason and struggle against the fatal propensity, but in vain. The desire to die by one's own act appears to be the one mental symptom, and to present the most undoubted instance of disease affecting only one function. The great majority of these cases are hereditary.

Occasionally, cases present themselves of an equally simple character, in which the desire of self-preservation is exalted. They differ somewhat from cases in which the sentiment of fear is exaggerated, (Pantophobia). Excessive fear directs itself to other events besides that of death, and is more frequently complicated with delusive opinion or hallucination. Intense apprehension of death sometimes presents itself alone, and is the counterpart of suicidal desire. It generally results from moral causes of wretchedness. It occasions sleeplessness, emaciation, and a morbid state of all the bodily functions, and is able to verify its own predictions.

The moral insanity of Prichard is not a true monomania. The moral faculties form a group of powers, which are all more or less affected. Granting, therefore, that the intellectual faculties may be intact, the number of the moral functions affected takes the disease described by Prichard out of the category of monomania. Its diagnosis is of the utmost importance, and often of the utmost difficulty.

The following is the account given of this form of disease, by the learned author with whose name it is associated. "There are many individuals living at large and not entirely separated from society, who are affected in a certain degree, with this modification of insanity. They are reputed persons of a singular, wayward, and eccentric character. An attentive observer will often recognise something remarkable in their manners and habits, which may lead him to entertain doubts as to their entire sanity, and circumstances are sometimes discovered on inquiry, which add strength to this suspicion. In many instances, it has been found that an hereditary tendency to madness has existed in the family, or

that several relatives of the person affected have laboured under other diseases of the brain. The individual himself has been discovered to have suffered, in a former period of life, an attack of madness of a decided character. His temper and disposition are found to have undergone a change; to be not what they were previously to a certain time; he has become an altered man, and the difference has, perhaps, been noted from the period when he sustained some reverse of fortune, which deeply affected him, or the loss of some beloved relative. In other instances an alteration in the character of the individual has ensued immediately on some severe shock which his bodily constitution has undergone. This has been either a disorder affecting the head, a slight attack of paralysis, or some febrile or inflammatory complaint, which has produced a perceptible change in the habitual state of his constitution. In some cases, the alteration in temper and habits has been gradual and imperceptible, and it seems only to have consisted in an exaltation and increase of peculiarities, which were all more or less natural and habitual."

It would appear from this, that perhaps the only diagnostic symptom between mere vicious propensities, and moral insanity, is the mode of causation. Moral insanity is always preceded by an efficient cause of mental disease, and there has always been a notable change in the emotions and the propensities following, and apparently consequent upon the operation of this cause. Sometimes the moral effect of the cause is very limited. The Rev. W. Denman, in one of his excellent papers on the dependence of mental upon physical conditions, in the *Psychological Journal*, relates an instance of a gentleman whom he knew, and who received an accidental injury in the head. He soon afterwards displayed exalted pride, an emotion which was previously foreign to his character, but which thenceforth continued to the end of his life. Such instances are far more rare than those in which the cause of mental disease has been followed by an alteration in several of the emotions, though it is open to doubt whether, in some of these instances, one emotion having intimate union with several others, has not been primarily affected. Excitement of irascibility or combativeness, for instance, will change the whole moral character of the individual. All benevolent and kindly affections, all prudent regard for the feelings of others, all sense of duty and of justice will disappear before the storms of habitual passion. In mere ill-regulated or exaggerated emotion and instinct, there has been no sudden change of character conse-

quent upon fever, apoplexy, injury to the head, or other notable causes of disease; the power of desire and of unbridled propensities has been of gradual growth, arising from frequent indulgence. It is a physiological condition contrasted with the pathological condition of moral insanity. Such a condition, as it appears to me, is exemplified in the first example quoted by Prichard from Pinel, in which "the only son of a weak and indulgent mother gave himself up habitually to the gratification of every caprice and passion of which an untutored and violent temper was susceptible, the impetuosity of his disposition increased with his years; when, unmoved by passion, he possessed a perfectly sound judgment, he proved himself fully competent to the management of his estate, as well as the discharge of his relative duties." But "wounds, law-suits, and pecuniary compensations, were the consequences of his unhappy propensity to quarrel, and an act of notoriety put an end to his career of violence; enraged with a woman who had used offensive language to him, he threw her into a well, and he was condemned to perpetual confinement in the Bicêtre." M. Pinel terms this affection "*emportement maniaque sans délire*." But, notwithstanding that the case is quoted by Prichard, it must be admitted that it is defective in the marks which he has himself laid down as the characteristics of moral insanity. No cause for mental disease was shewn to have existed, and no alteration in the temper and habits, which Prichard in another place insists upon as existing in *all* cases of moral insanity, had taken place; on the contrary, the case appears to present an unequivocal example of unbridled passion, the result of bad education and of vicious indulgence. This case bears a strong resemblance to that of William Dove, which has recently caused so much discussion. It may be that emotions and propensities which have acquired strength by constant indulgence, become at length as irresistible when the moment of temptation arrives, as those which are the result of mental disease. This, however, is a question more for the moralist than for the physician. The rôle of the physician is to point out to the magistrate that which is disease and that which is not. He is neither the legislator, nor the administrator of the law. The law requires his opinion, because it recognizes a difference between passion which is the result of indulgence, and passion which is the result of disease. To the former it applies correction, because it might have been withstood at least in some stages of its progress, and because its correction is beneficial to the

individual, or to society. Passion, the result of disease, it does not correct, because the patient who suffers from it could not have withstood its progress, and because its correction in any other mode than by appropriate medical treatment would be useless and cruel.

The principles laid down for the diagnosis of moral insanity are equally applicable to the special varieties of the disease, to homicidal insanity, to kleptomania and oinomania. Pyromania appears to have been an absurd refinement of classification applied to a particular mode of destructiveness. The Prussian Medical Council, which first established the variety by its dictum, has since repudiated its existence, and the term pyromania ought to be expunged from books, or remembered only as a passing absurdity of Psychologists. The existence of *Homicidal Insanity* ought never to be admitted without the proof of other symptoms of mental disease than the perverted instinct itself, or at least without the existence of well recognized or efficient causes of mental disease, and an obvious change in the temper and disposition consequent thereupon. The etiological proof would itself appear insufficient, unless an overt act is committed, the circumstances whereof shew the absence of criminal motive.

In the case of the murderess Brough, a possible cause of insanity was proved to have existed in an apoplectic seizure following parturition, but no alteration of temper and habits had taken place, and the atrocious manner and vindictive motive of the overt act were characteristic of crime. In the case of Hariette Conner, the overt act was motiveless, and change in the temper and habits was proved; but the existence of an efficient cause of disease was more doubtful. As a rule, in the absence of other symptoms of insanity, it will be well to insist that homicidal impulse can only be admitted, upon proof that an efficient cause of mental disease has been followed by a notable alteration of disposition and habits, and that the overt act has not been instigated by criminal motive.

The diagnosis of *Kleptomania* is to be made on the same principles. The instances on record of the propensity to steal, exhibited by persons who had no temptation to appropriate the property of others, beyond the gratification of a disordered, or at least in ill-regulated mind, are scarcely authority for the establishment of a pathological state. The physician, quoted by Prichard, who stole silver spoons and snuff boxes from his patients, might possibly have been cured of his bad habit, had it exposed him to any serious inconve-

nience. Kleptomania is never urged as a defence for the delinquencies of the poor; but when ladies of respectable connection are detected in habits of shop-lifting, the theory of kleptomania has been found exceedingly convenient. In order to substantiate the existence of this form of insanity, previous disease affecting the brain, and of less questionable character, followed by change of disposition and habits, ought to be proved; and to verify the diagnosis, it would be satisfactory if it could be shewn that the articles stolen were of no value to the thief, or at least that they were not appropriated to his, or to her gratification. In his reminiscences of prison life, Mr. Chesterton gives a singular example of a wealthy shop-lifter. She was an Irish lady of ample fortune; on examining her clothing after apprehension, she was found to have only one under garment, this was made of chamois leather, and was covered with pockets conveniently placed for the concealment of her booty. When in prison, under pretence of inspecting some papers, she sent for a box, from which she was observed to abstract a parcel, which proved on examination to contain cash to the amount of more than £2,000. As she was a felon, this was forfeited to the crown. She was discharged from the prison on a rainy day, and to save a cab fare she requested permission to stay over the night. The correctional discipline of Cold-bathfields cured her of shop-lifting, but, as the sequel proved, it had little influence on her love of money.

The diagnosis of *General Paralysis* is practically of the most facile sort, although it is not easy to describe in words the slight but pathognomonic changes which speak so forcibly to the practised eye and ear of the observer. The one diagnostic symptom of the early stages of paralysis, is the modification of articulation. This is neither stammering nor hesitation of speech. It more closely resembles the thickness of speech observable in a drunken man. It depends upon a loss of power over the co-ordinate action of the muscles of vocal articulation. In many instances the speech of the early paralytic is fluent and clear, except in the pronunciation of certain words or sequences of words, which require the neat and precise action in the muscles of speech. Words composed of vocal sounds connected by single consonants are articulated with correctness; but words composed of numerous consonants, with few vocal sounds, are articulated in a shuffled manner, which is perfectly characteristic. The patient may even possess the power of articulating these words correctly, if he purposely attempts to do so, but if the

examiner holds him in conversation for a few minutes, the ear will infallibly detect the slight but fatal symptom of incurable disease. Some little practice in the wards of an asylum is needful in the attainment of readiness in the appreciation of a physical symptom of this kind, just as all the verbal descriptions ever given in books of stethoscopy are of little value, unless the ear is itself practised on the chest of the patient labouring under pulmonary or cardiac disease. There are many other symptoms of general paralysis, the existence of which, perhaps adds certainty to the diagnosis, but the affection of speech is more than worth all the others. It is always present when the others are present, and without it, no other symptom can be considered diagnostic. In speaking, the lips are tremulous, not unlike those of a person about to burst into passionate weeping. Protrusion of the tongue can only be effected with effort, and cannot be long continued; and while protruded, the organ quivers. At a later period the brows droop, and the contraction of the iris under the stimulus of light is sometimes different in the two eyes. At a period of very variable duration after the affection of the voice is perceptible, the muscles of the limbs lose the exactitude of co-ordinate action. In walking, the patient stumbles along in a peculiar manner. He does not drag the toe after him like a patient affected with hemiplegia; neither does he walk in the straggling and flat-footed manner with high action, and as if his foot did not belong to him, like a sufferer from spinal paralysis. The mode of progression indicates the want of consentaneous action, rather than want of power in the muscles. At a later period the muscles of the arms are affected, so that any delicate handicraft, or any muscular movement requiring nice and rapid action, like that of writing, or playing upon a musical instrument, is incapable of being performed. As the disease progresses, power over the sphincters is lost, and the patient becomes wretchedly filthy, and at last even power over the muscles of purely excito-motory action becomes lost, and the patient is apt to become choked while taking his food, as it is generally believed, by the stoppage of a mass in the pharynx. I doubt, however, whether food in the pharynx alone would produce the sudden deaths to which paralytics are subject while eating, unless the mass completely obstructed the opening of the larynx. A mass of food to be able to do this must be exceedingly large. I have in three instances carefully examined the position of the obstructing mass which had caused death, and found that in

two instances there was no food in the pharynx, but that the fatal morsel was stuck fast in the box of the larynx; in one instance it was a crust of bread, in the other it was a piece of meat. In the third instance a general paralytic with ravenous appetite was being carefully fed with some soft pudding by an attendant; an epileptic patient had a severe fall in a fit, and the attendant sprang to his assistance; the general paralytic crammed the pudding into his mouth was immediately choked, and dead. On examination both the larynx and the pharynx were found to be filled with the soft mass of the pudding. It appears therefore that the cause of these fatal occurrences is the loss of the excito-motory function, which in a healthy person prevents the entrance of food into the larynx.

The form of mental disorder which accompanies general paralysis is frequently of diagnostic value. The emotions and propensities are less frequently involved than in other forms of mental disease. Cases however do occur in which the propensity to theft and to indecency is inveterate, and I have known a man tried for felony who was scarcely able to articulate his own name from the ravages of this fatal disease. The rule however is, as I have stated it. General paralytics are not usually found to entertain the unfounded aversions and suspicions so common during the incubation of mania. General paralytics are not malignant, and although sometimes furious, their passion is gusty and transient. The form of intellectual disorder moreover is frequently of a most remarkable kind; the patient fancies himself possessed of wealth and power illimitable, and often fantastically imaginative. One man fancies himself the possessor of thousands of millions of sovereigns, of shiploads of gold and silver and precious stones; another fancies himself greater than God; another says he can lift the world, and that all the children that are born in all parts thereof issue from his loins. This man also says, that he is heavier than the world, and that all the men in the world cannot lift him. I invite him to lie down, and I lift him with ease. He immediately explains the fact that my success is owing to the buoyancy of the angels that are in him. When a patient exhibits this imaginative extravagance of idea, accompanied with slight emotional disturbance, any loss of clearness in vocal articulation will suffice for a positive diagnosis.

In some cases, however, there are terrific delusions with emotional depression, and in others the mental symptoms are merely those of gradually increasing dementia. The

diagnosis of this disorder is more certain in its earlier than in its middle and later stages. In the earlier stages there is no other disease for which it can be mistaken. In the majority of cases the symptoms are sufficiently distinctive in the latter stages also, but I have ere now experienced difficulty in distinguishing a case of advanced dementia with habitual hesitation of the voice from general paralysis. The want of muscular affection in the lips and limbs, and the difference between vocal hesitation and the want of articulating power decided the diagnosis. Cases also present themselves in which many of the symptoms of advanced paralysis are caused by double apoplexy; cases in which each side of the body is in the condition observable on one side in hemiplegia. When both sides of the body are paralysed, the signs of hemiplegia afforded by the unequal contraction of symmetrical muscles is lost. On this principle, jockeys are said sometimes to disguise a horse's lameness by placing a stone between the shoe and the hoof of the sound foot. Lameness in both legs is less likely to attract notice than lameness in one. The physician is often introduced to such patients for the first time when they have lost all power of conversation and of locomotion, when they are bedridden and silent, or able only to answer in monosyllables. In such instances the diagnosis of the exact nature of the disease has indeed little practical value, but its difficulty and its scientific interest instigate the attempt to make it. In the year 1852, I published in the Report of the Devon County Asylum, an account of some experiments I had made in the diagnosis of such cases by means of the electric stimulus. The electro galvanic apparatus was applied by me to the lower limbs of patients suffering from mental disease without paralysis, from dementia with ordinary paralysis, and from dementia with general paralysis. The result of my experiments proved that in dementia without paralysis, and in dementia with ordinary paralysis, there was no loss of excito-motory sensibility, while in general paralysis there was a great loss of this power. In some cases the strongest stimulus of the electro magnetic machine failed to produce any movement in the legs of the patient beyond a slight tremor, not amounting to muscular contraction or capable of moving the limb in the slightest degree. This experiment may be more conveniently, but less effectually tried by tickling the soles of the feet. In common paralysis muscular contraction is caused; in general paralysis it is not caused. These experiments establish a pathological rule of much importance in diagnosis, that in paralysis having its

seat in the brain the excito-motory function of the nerves is not lost ; that in general paralysis, the pathological conditions of which involve the whole nervous system, the excito-motory sensibility is almost abolished.

The Detection of Feigned Insanity is one of the most important points in the diagnosis of mental disease. When David was "sore afraid of Achish, king of Gath, he changed his behaviour before them, and feigned himself mad in their hands, and scrabbled on the doors of the gate and let his spittle fall down upon his beard. Then said Achish unto his servants, Lo, ye see the man is mad ; wherefore, then have ye brought him to me ? Have I need of madmen that ye have brought this *fellow* to play the madman in my presence ? Shall this *fellow* come into my house ?" From whence it appears, that not only did King Achish make a bad diagnosis, but that the prejudice against the insane is as old as the earliest records. Reverting to profane history, we find that Palamedes had more diagnostic acumen than the king of Gath. Ulysses feigned insanity to escape the Trojan war. He yoked a bull and a horse together, ploughed the sea-shore, and sowed salt instead of corn. Palamedes detected the deception by placing the infant son of the king of Ithaca in the line of the furrow, and observing the pretended lunatic turn the plough aside, an act of discretion which was considered a sufficient proof that his madness was not real. At the present day, one would scarcely pronounce that a man was feigning madness because he retained enough of intelligence to recognize, and avoid the destruction of his own son ; but the signs of madness adopted by Ulysses resembled in a remarkable manner the conduct of feigning mad men of the present day, and which to an experienced alienist at once suggests the idea of deception. The feigning madman in all ages has been apt to fall into the error of believing that conduct utterly outrageous and absurd is the peculiar characteristic of insanity. The absurd conduct of the real madman does not indicate a total subversion of the intelligence ; it is not utterly at variance with the reasoning processes ; but it is consistent either with certain delusive ideas, or with a certain perverted state of the emotions. In the great majority of cases, feigned insanity is detected by the part being overacted in outrageousness and absurdity of conduct, and by the neglect of those changes in the emotions and propensities which form the more important part of real insanity. Sometimes mania is simulated, the man howls, caws, distorts his features and his postures, grovels on the

ground, or rushes about his room and commits numberless acts of violence and destructiveness. If he has had the opportunity of observing a few cases of real insanity, and if he is a good mimic, he may succeed in inducing a person who only watches him for a few minutes to believe that he is in the presence of a case of acute mania; but if the case is watched for a few hours or days, the deception becomes apparent. No muscular endurance and no tenacity of purpose will enable a sane man to keep up the resemblance of acute mania, nature soon becomes exhausted, and the would-be patient rests, and at length sleeps. The constant agitation accompanied by symptoms of febrile disturbance, by rapid pulse, foul tongue, dry and harsh or pallid clammy skin, and the long continued sleeplessness of acute mania, cannot be successfully imitated. The state of the skin alone will frequently be enough to unmask the pretender. If this is found to be healthy in feeling, and sweating from the exertion of voluntary excitement and effort, it will afford good grounds for suspicion. If after this the patient is found to sleep soundly and composedly, there will be little doubt that the suspicion is correct.

Chronic mania may be imitated, and if this should be done by an accurate observer of its phenomena, who also happens to be an excellent mimic, it cannot be denied that the imitation may deceive the most skilful alienist. It is remarkable that two of the most perfect pictures of insanity presented to us in the plays of Shakspeare are instances of feigned madness; namely, the madness of Hamlet, assumed to escape the machinations of his uncle, and that of Edgar, in Lear, assumed to escape the persecutions of his brother. These inimitable representations of the phenomena of insanity are so perfect that in their perusal we are insensibly led to forget they are feigned. In both instances, however, the deception was practised by educated gentlemen, and on the authority of the great dramatic psychologist it may perhaps be accepted, that the phenomena of insanity may be feigned by a skilful actor like Hamlet so perfectly, that no flaw can be detected in the representation. Fortunately for the credit of psychologists, insanity is rarely feigned except by ignorant and vulgar persons, who are quite unable to construct and to act out a consistent system of disordered mind. It must be remembered that all the features of every case of insanity form a consistent whole, which it requires as much intelligence to conceive and to imitate, as it does to conceive and to imitate any dramatic character. The idea which the

vulgar have of madness is of quite a different kind. They represent it as a monster, half man, half beast ; the emotions they represent unchanged and human, the intellectual functions they represent entirely perverted, grovelling and bestial. They think that madness entirely alters the character of a man's perceptions and utterly destroys his judgment, so that he not only ploughs the shore and sows salt for seed, but that he cannot recognize his own son or avoid the destruction of his life. In more homely cases, it will be found, that men feigning insanity pretend that they cannot read or write, or count ten correctly, or tell the day of the week, or how many children they have; they answer every question wrongly, which a real lunatic, who could be made to understand the question and to answer it at all, would certainly answer right. In illustration of these facts, we subjoin the following cases of simulated insanity reported by Dr. Snell, in the *Allgemeine Zeitschrift für Psychiatrie*, December, 1855.

In the house of correction at Eberbach, a man attempted for some years to escape punishment by imitating insanity. He would not work, he danced round his cell, sang unconnected words and melodies, and made a peculiar booming sound. When any one went into his cell he put on a forced stupid expression, he glanced at people sideways, but generally fixed his look on the floor or on the wall. To questions he gave either no answers, or answers altogether wrong; for instance, to the question how many days there were in the week, he answered ten. He would not recognize the people whom he constantly saw; he said he had never seen me, and did not know me. When I asked him if he knew who I was, he said a man. I placed before him a keeper with whom he daily had intercourse, and asked him if he knew who this man was, he said at first he did not know, and then he said he believed that he was a soldier. There could be no doubt there was deception in this case. The unmasked deceiver tried to play his part for some time and then gave it up.

The following case is reported in the *Berlin Medical Zeitung*. The widow Catherine R. had bought a house, the purchase of which she subsequently regretted. In order to upset the purchase her children declared that she was insane, and the court named three experts to examine into the truth of this allegation. We found her a woman already advanced in years, and partially blind in consequence of cataract, her features were expressive of stupid listlessness ;

she looked straight at no one, but fixed her gaze on the ground; a certain restlessness was however to be observed. I wished her to read and write, but was told that she could do neither; I then made her count, and she counted thus, 1, 2, 4, 6, 7, 8, 10, 11, 13, 18, 19, 21; I asked her how many fingers she had on each hand, she answered after some hesitation four fingers, I let her count the fingers on her hand, she counted them, but skipt over the ring finger, 1, 2, 4, 6. I asked her how many two and two were, she answered after some thought, six. The following questions and answers then took place:

Q. How many children have you? A. I have, I believe nine children, (she had really seven.)

Q. How long has your husband been dead? A. About ten years, (in reality only five years.)

Q. In what manner did he die? (he was suddenly killed by a fall from a wagon.) A. He lay sick more than eight days.

Q. Do you know this daughter of yours? (Catherine,) A. Yes.

Q. What is her name? A. Babetta.

Q. Have you other relations? A. Yes, I have a sister, she is called Barbara and is married to a man called Prince, send to her she comes no more to me; (this sister had been long dead.)

Q. What is the present year? A. I do not know.

Q. How long has Christmas passed? A. I do not know.

Q. Have you bought a house? A. No, I know nothing of it. I have a house, why should I buy a house; there were some people who wished to buy my house.

Q. Where do they dwell? A. I do not know.

Q. What is the Kloster Eberback now used for? A. There are yet monks there, (there had been none there for fifty years.)

Q. Have you eaten to day? A. I have not? (she had just eaten.)

Q. What did you eat last evening? A. Potatoes, (she had eaten soup.)

Q. In what month is hay harvested? A. I cannot remember.

Q. In what month is wine harvested? A. I believe in September.

Q. How has last year's wine turned out? A. It is right good, (it was very bad).

Q. What is the name of the teacher to whose School you go? A. He is called Ohler, (in truth he was called Muschka).

Q. Do you know the Ten Commandments? What is the first Commandment? A. I am the Lord thy God.

Q. What is the second Commandment? I am the Lord thy God.

Q. What is the third Commandment? A. I do not know.

Q. The fourth? A. I do not know.

Q. The fifth? A. Thou shalt *not* honor thy father and mother.

Decided by this examination, I and my colleagues declared the widow R. to be feigning. The witnesses for the widow were condemned for perjury, and she herself was sentenced to the house of correction for deception and seduction to perjury. I often saw her during the period of her imprisonment and she had entirely given up her simulation.

Another very similar case is related in the *Zeitschrift für Psychiatrie*, upon which Dr. Snell remarks, that "patients suffering from real imbecility are well enough able to tell the number and the names of those who belong to them, and that they understand and answer questions on such matters in a very different manner to these simulators. Common people, he observes, have not the slightest rational idea of insanity; they believe that all mental manifestations are completely altered in it, and that an insane person knows nothing; he ceases to read, to write, and to reckon, and that all his relations and conditions are completely reversed. Hence it happens that all uninformed people find it difficult to acknowledge actual insanity. When they speak of an insane person, they say that he is not mad, that he knows every **one** about him, and that he altogether conducts himself like a reasonable man, only, that he shews some peculiarities. Uneducated people have the idea that an evil spirit, as it were, takes possession of an insane man, and drives out his being, with altogether new and perverted elements. Where they observe memory, reflection, feeling of right and wrong, they think that insanity cannot exist; and yet among the insane, all these things are seldom altogether wanting, and often exist in a high degree.—On this rock simulators generally shipwreck, if they attempt an active part at all. But it is more difficult to form a judgment, if the simulator preserves a complete passiveness and an obstinate silence. It is not impossible that by these means insanity may be simulated with success, yet, in order to do so, the simula-

tor must possess a rare strength of will, in order through all observations and tests, to preserve his rôle." In the following case, the simulator was in his first attempt successful in deceiving myself and several other medical men. W. Warren was a notorious thief, indicted at the Devonshire assizes 18—, for felony; previous conviction, having been proved against him, he was sentenced to transportation for fourteen years. Two days after his trial, he all at once became apparently insane; he constantly made howling noises, was filthy in his habits, and destroyed his bedding and clothing; he was, however, suspected of malingering, and was detained in gaol three months. During a part of this time it was found needful to keep him in a straight waistcoat. At length certificates of his insanity were forwarded to the Secretary of State, and he was ordered to be removed to the Devon County Asylum. On admission into this asylum, he was certainly very feeble, and in weak health. He had an oppressed and stupid expression of face; he answered no questions, but muttered constantly to himself; he retained the same position for hours, either in a standing or a sitting posture; he was not dirty in his habits, but he was attended to in this respect like an idiot; he appeared to be suffering from acute dementia. In three weeks' time he recovered bodily strength, and his mind became gradually clear. This change was too rapid, not to suggest the idea of deception, but the previous symptoms of dementia had been so true to nature, that I still thought the insanity might not have been feigned. For a period of eight months he was well-conducted and industrious, and shewed no symptoms of insanity. At the end of that time he was returned to the gaol to undergo his sentence, and within one hour of his re-admission within its portals, he was apparently affected with a relapse of his mental disease. For a period of two years this indomitable man persisted in simulating mental disease. He refused to answer all questions, although walking to and fro in his cell he muttered to himself, and sometimes made howling noises which disturbed the quiet of the prison. Sometimes he refused his food for days together. He employed his time walking to and fro in his cell muttering unintelligibly, or in beating at the door of his cell, or in turning his bed clothes over and over as if looking for something. He had a very stupid expression of face, heightened by inflammation of the eyes from the lashes growing inwards. He slept soundly. For some months he was very filthy; this habit was cured by the governor of the prison ordering him to be put in a hot bath, hot enough to be painful

but not to scald; he jumped out of the bath with more energy than he had before shewn, and thenceforth did not repeat his filthy practices. I visited him several times in prison, and expressed my positive opinion that his insanity was feigned. With the exception of uncleanly habits, he maintained all the symptoms of insanity which he had adopted for two whole years; his resolution then suddenly gave way, he acknowledged his deception, and requested Mr. Rose, the governor of the prison, to forward him as soon as might be, to the Government Dépôt for convicts. In this remarkable case the perseverance of the simulator, his refusal to converse, or to answer questions, and the general truthfulness of his representation, made it most difficult to arrive at a decisive opinion. Still the rapidity of his recovery in the first instance, and the suddenness of his relapse in the second, were quite inconsistent with the course of that form of insanity, to which he presented so striking a resemblance. My opinion was formed upon a history of the case, and not upon any obvious inconsistency in the symptoms.

Whether the following case was, or was not, one of simulation cannot yet be known, the recapture of the convict may perhaps hereafter determine the question. John Jakes was convicted at the Devon Easter Sessions, 1855, of pocket-picking; previous convictions having been proved, he was sentenced to four years penal servitude; on hearing the sentence, he fell down in the dock as if in a fit of apoplexy, when removed to the gaol, he was found to be hemiplegic and apparently mindless. He however, did some things which did not belong to dementia following apoplexy, for instance, he was designedly filthy, and even ate his own excrements. His insanity was certified by the surgeon of the gaol, and by a second medical man, and he was removed to the asylum. Notwithstanding the medical certificates of his insanity, the convicting magistrates, who knew his character as a burglar and a criminal of great ability, thought that he was feigning. Warned by their caution, I examined the man carefully; he had all the symptoms of hemiplegia, the toe dragged in walking, the uncertain grasp of the hand, a slight drawing of the features, the tongue thrust to the paralyzed side, all these symptoms were present in a manner so true to nature, that, if they were feigned, the representation was a consummate piece of acting founded upon accurate observation. In the asylum the patient was not dirty, he was tranquil and apparently demented; he had to be fed, to be dressed, and to be undressed, to be led from place to place; he could not be made to speak; he slept well. On the night of the 17th of

August 1856, he effected his escape from the asylum, in a manner which convinced the magistrates that their opinion of his simulation was just, and that he had succeeded in deceiving some four or five medical men. He converted the handle of a tin cup into a false key, wherewith he unlocked a window guard, through the window he escaped by night into the garden, from thence he clambered over a door, eight feet high, and afterwards over a wall of the same height. He got clear away, probably joined his old associates, and has never been heard of since.

It is hard to say which is the least improbable, a representation of hemiplegia and dementia, so perfect as to deceive several medical men, forwarned against deception; or the escape of a really paralytic patient by the means described. It must be remembered that the patient was an accomplished house-breaker, and that things impossible to other lunatics might have been accomplished by him.

The fifth report of the Inspectors in Ireland states, that several cases of feigned insanity to defeat the ends of justice, have come under the official cognizance of the Inspectors during the year. One young woman, who had murdered her husband, displayed the most extraordinary determination; although secretly watched day and night for weeks, she never deviated from the line of deception; she was, however, tried, convicted, and executed. The cases of other murderers who feigned insanity, namely, William Quinlan and John Grady, are also recorded. Unfortunately the carefully prepared report is an official document and not a scientific record; and therefore, the manner in which the inspectors detected these impositions, and secured the administration of justice is not made known to us.

Some of the earlier writers on insanity, lay down some excellent rules for the detection of feigned insanity, although some of them are of a nature which the humanity of the present age would forbid, and some of them require to be accepted with precaution. Sometimes the threat of severe modes of treatment, or even of punishment has proved successful in discovering feigned disease. Zacchias relates that an able physician ordered in the hearing of a suspected person, that he should be severely whipped, on the grounds that if really insane, the whipping would produce an irritation on the external parts which would tend to alleviate the disease; and if not, he would not be able to stand so severe a test. The threat alone served to cure the pretended malady. Another instance was detected by Foderó, who ordered a red hot iron

to be applied between the shoulders of a woman who was accused of several highway robberies, and who feigned insanity with great skill. The patient at once discontinued her objectionable habits, and Foderé certified to her sanity. It must not, however, be forgotten that measures which may be called heroic treatment, or torture, would in many instances not be without their effect upon the really insane, and that any extra professional infliction of pain is undoubtedly beyond the province of the physician.

The operation of medicines suitable to the treatment of the insane is a more justifiable experiment for the detection of feigned insanity, and one likely to be more successful. An instructive example of this kind is given in Beck's medical jurisprudence, from the narrative of Prof. Monteggia. A criminal denounced by his accomplices, became suddenly attacked with insanity; sometimes it seemed to be melancholy, then exhilarating insanity, and then dementia; he made no answer to questions except by single words, as book, priest, crown, crucifix. "In his presence the physician stated that there were several peculiarities in the case, and among these, that he made noise during the night and was quiet in the day time, that he never sighed, and that he never fixed his eyes on any object. The drift of this conversation was that the opposite of all these would induce them to suppose him insane; shortly after in fact, he ceased making noise at night and did every thing which they had indicated." When Monteggia was ordered to visit him, he appeared demented, could not look at a person steadily, never spoke but made a hissing noise at the sight of anything that pleased or displeased him, he was constantly in motion, and it was the opinion of his attendants that he scarcely ever slept. Monteggia ordered six grains of opium to be mixed in his soup, but without any effect; some days after, this dose was repeated, but seeing after six hours no proofs of its operation, it was again repeated; notwithstanding this he passed the night and the next day awake, the next night he seemed disturbed, raised himself in bed, sighed profoundly, and exclaimed "My God, I am dying!" His attendant who had never heard his voice before, was extremely frightened and sent immediately for Monteggia. The patient was tranquil and speaking sensibly without any appearance of insanity; he said he had no recollection of the past, but that he had heard persons say that poisoned soup had been given him. From this time he appeared cured. Monteggia seems to be of opinion, that actual dementia had resulted from long feigning. May it not be that the powers of the opium were

resisted by an intense voluntary effort? The case is certainly as anomalous as it is interesting.

There are few cases of feigned mania which need any resort to the pharmacopœia for the means of detection, the voluntary exertions of the feigning maniac generally resulting in exhaustion and in sleep both natural and sound. A dose of opium may however, sometimes expedite the discovery, if the means of patiently watching the movements of the suspected feigner are not available. In France chloroform has recently been employed for the purpose of discriminating between real and feigned insanity, it being supposed that during the intoxication produced by chloroform, a real madman will continue to rave on the subjects of his delusions, and that a person feigning madness will be overcome by its influence and allow his imposition to be unveiled. I entertain doubts on both of these points. At least I am certain from repeated experiments that a real maniac, under the influence of chloroform administered to a degree short of producing coma, will sometimes during its transitory influence become reasonable and tranquil.

In the detection of feigned insanity, much stress has been laid by writers upon the suddenness of the attack, which they say distinguishes it from real insanity, whose invasion is gradual. This point of diagnosis must be accepted, however, with much caution. I have known real cases of mania manifest themselves with the utmost suddenness; I have known patients who went to bed apparently in good health, awake in a state of mania; I have known patients become suddenly maniacal, under the influence of exciting and denunciatory preaching, and during other conditions of intense temporary excitement. Doubtless, in all these cases the brain was previously prepared for the sudden explosion, but the symptoms of latent disease had not been of a nature to attract any observation, and, therefore, in a diagnostic point of view, the sudden outburst of real insanity must be accepted as possible.

The most important diagnostic point of feigned insanity is the want of coherence of the manifestations, not only with mental disease in general, but with the form or variety of insanity which is feigned in particular. Thus not only, as before stated, does the feigner overdo the intellectual perversions and absurdities, and the outrageous or irrational conduct of insanity, to the neglect of emotional disturbance; but he mixes the various forms of insanity together; thus in Monteggia's case, the patient vacillated between melancholia, exhilarated insanity, and complete dementia. In the case of William Warren, the

symptoms when he was first in prison, were those of mania, at the asylum, they were those of dementia, and on his return to prison, they were those of mixed mania and dementia. In Jake's case the clever imitation of dementia following apoplexy was injured by the introduction of maniacal symptoms, as the eating of his own ordure.

To deceive a skilful alienist who takes pains patiently and fully to investigate the case, the simulator of insanity must, if he displays any active symptoms, not only have carefully observed the symptoms, but be able himself to represent those symptoms with powers of imitation which are possessed by few. How hard it is on the stage, and for a few minutes only, for a man to represent the manners of a sailor, a peasant, an old man, or any other characteristic manners, so that the deception shall be acknowledged complete ! But the histrionic powers of a feigning maniac or melancholic must be kept for days and weeks on the stretch in the representation of manners and modes of thought far more difficult to imitate than those which are usually the subject of theatrical art. Dr. Rush is reported to have discriminated feigned from real insanity by the relative rapidity of the pulse ; Dr. Knight and other writers have claimed the same power for the sense of smell. At the present day the deposits in the urine, would we suppose be appealed to. Much reliance, however, is not to be placed upon any one, or even upon several, of the physical signs of nervous disturbance. They have a scientific but scarcely a diagnostic value. They may serve to direct the inquiries of the physician, or even to confirm his opinion founded upon other data ; but standing by themselves they are of little importance in the diagnosis of insanity.

The Diagnosis of Concealed Insanity, (insania occulta,) is to be made on the general principles laid down in the previous pages. Some patients are to be met with, who converse and reason well on all subjects except those connected with some delusive opinion. One of the most remarkable instances on record is that of a man named Wood, who brought an action against Dr. Munro for false imprisonment, and underwent the most severe examination by the defendant's counsel without exposing his complaint. Dr. Battie suggested to the judge, (Mansfield) to ask him what was become of the princess with whom he corresponded in cherry juice ? and immediately a whole group of delusions became apparent. Wood indicted Dr. Munro a second time, for false imprisonment, in the city of London, "and such" said Lord Mansfield, "is the extraordinary subtilty and cunning of madmen, that when he was

cross examined on the trial in London, as he had successfully been before, in order to expose his madness, all the ingenuity of the bar, and all the authority of the court, could not make him say a single syllable upon that topic which had put an end to the indictment before, although he had still the same indelible impression upon his mind, as he had signified to those who were near him; but conscious that his delusion had occasioned his defeat at Westminster, he obstinately persisted it holding it back." This and other cases which might be quoted, refute Heinroth's assertion, that although patients can *conceal*, they never can *deny* their fixed ideas. Doubtless in the majority of cases, Heinroth's opinion is correct, and people who, when sane, were not remarkable for veracity, who would not indeed scruple to utter any amount of falsehood whenever their interests seemed to require it, overlook every advantage, and stand at no absurdity or disgrace when they have a delusive idea to maintain.

The first principle of interrogation in ranging the mind for a delusive idea is, to converse freely and naturally with the patient on the subject of all his relations, his relation to God, to his neighbour, including his wife, parents, his children, those in authority over him, and those over whom he may have authority; his relation to property, his indebtedness, or his fortune; his profession, his ambition, his desire of wealth or of rank; his bodily health, his studies, his amusements, his history. Heinroth proposes that the physician should narrate the patient's own history, disguised as the history of the physician, in order that the patient may suppose a parallel between his own case and that of his examiner, so that the *dulce habere socium malorum* may elicit circumstances which he would otherwise have concealed, (Wharton and Stille). This round about proceeding would, we fear in most cases, tend rather to excite the suspicions, than to elicit the confidence of the patient; still, if the patient refuses to talk of himself, the physician has no option but to talk of himself, or of third persons, and by the expression of opinions likely to be challenged by the patient, thus to draw him into discussions which may eventually betray the morbid train of thought. If the patient is much below the social rank of the physician, assistance may often be obtained from persons of the patient's own position, and modes of thought. A man, whose ideas revolve in the narrow circle of a peasant's uncultivated mind, will often put himself into a mental posture of silent and sullen antagonism to all persons whom he considers above him, while he will expand and communicate freely to his equals and ordinary associates.

Frequently it is found that the insane discover the delusions of the insane, more rapidly than others can do.

If the patient can write, he should always be freely encouraged to do so; insane patients it is true often write letters which bear no impress of their delusions. Men who constantly converse and act irrationally, will write letters on matters of business with good sense and precision. But the converse of this is sometimes observable, and patients who in conversation adroitly conceal their delusions, display them with freedom in writing. I have for many years had a well-educated man under my care, who can never be brought to converse on his delusive ideas. When pressed, he adroitly turns the conversation, or he states his opinions in such a form that they cannot be called delusive; that is, he not only conceals, but to a certain extent he denies his fixed ideas. Once a month, however, he presents me with a long and closely written letter, in which his delusions of persecution, forced marriage, &c., are sufficiently apparent.

Another patient of mine, a barrister, so completely concealed and denied his delusions in conversation, that he succeeded in persuading his relatives, and especially his mother, a woman of rare intelligence and discrimination, into the belief of his perfect recovery from an attack of mania, and of his capacity to resume his professional labours. During the whole of this time he was writing letters to relatives living at a distance full of delusion relating to his supposed marriage with a servant, to the distribution of a large fortune which he did not possess, and a yacht voyage to every part of the globe.

The conduct of the patient should be observed by night as well as by day. I have for several years had under my care a respectable tradesman, whose conduct and conversation during the day exhibit scarcely a trace of mental disease. He is industrious, sensible, and kind-hearted; and it is strange that his nights of suffering have left no painful impression on his pleasing features. At night he sees spectres of demons and spirits, at which he raves aloud and prays with energetic fervour.

That it is important to test the memory and the capacity by examinations, repeated at various times, is shewn by the case recorded by Sir H. Hallford in his Essays. A gentleman sent for a solicitor, gave instructions for his will, and told the solicitor that he would make him his heir; soon after this he became deranged. After a month's violence he was composed and comfortable, and manifested great anxiety to make his will. This request was evaded as long as possible, but at last con-

sented to. The solicitor received the same instructions, drew it, and it was signed by the physicians (Sir Henry Halford and Sir George Tuthill). After leaving the room and conversing on the delicacy of their situation, the physicians returned to his room and questioned him how he had left his property. He mentioned the legacies correctly, but when asked to whom the real estate was to go, he said "To the heir at law to be sure." This case, although instructive, is not very intelligible; probably the solicitor was better acquainted with the peculiar weakness of the patient's mind, than either of the eminent and titled physicians.

The Divine and the Physician, by JOHN KIRKMAN, M.D.,
Medical Superintendent of the Suffolk County Asylum.

The questions so lately agitated in Ireland, on religious services to the insane poor, and the wavering opinions which have been expressed in regard to them, have been the means of directing more than ordinary attention to this controverted point; but it may still be considered a subject of legitimate enquiry, whether the *nature* of insanity is as much considered as it should be by those who engage in clerical duties amongst the insane. That those duties should be most clearly defined, and most delicately performed, is undeniable; that an undue preponderance of doctrinal discourse is injurious and dangerous, cannot be disputed; and it is the weight of this conviction that leads us now to comment on some striking observations on the subject of madness (or rather on something else of which madness is shewn to be a predicate), proceeding from a divine,* who, though not connected himself with those who minister to that great congregation, composed of the insane, possesses that master mind which may well influence others who are more exclusively devoted to their interests. We have no desire to condemn, or even criticise the labours of one of the most powerful preachers and expressive expounders of textual aphorisms, whenever they are beyond the limits of our legitimate field. We should be thankful indeed to find more Pauls at the feet of such a Gamaliel; and conscious for ourselves, that "we know but in part," we would

* The Rev. Henry Melvill.

rather stand in the attitude of reception, and welcome any information or elucidation on the mysterious subject of the mind and its liabilities, whether it comes from the divine or the physician. In this age, however, of inquiry and information, it is more certain than ever, that if a minister would preserve and extend his influence for good, he must shew both in conversation and in the pulpit, that he is not unacquainted with so much anatomy or psychology, astronomy or geology, as is essential to the true interpretation of many parts of Holy Writ. Whenever the habit may be detected of allowing accuracy to be compromised for the sake of eloquence and antithesis, it can hardly be considered as offensive to draw attention to it. It is indeed the part of every medical man's professional duty, to uphold and maintain the consistency of that science to which he owes his temporal livelihood, with the higher truths to which he stands indebted for his knowledge of everlasting life. It is in the exercise of this duty that we must prefer a double charge, viz., that of *unsound interpretation* and of *unsound philosophy* as its consequence, against a sermon, preached from Eccles. ii., 2,—“I said of laughter it is mad, and of mirth what doeth it?” and entitled, as published in the *Pulpit*, on the 19th February, 1856, “The Wit and the Madman.” It will serve better perhaps to trace the error in philosophy, relative to the two main features of insanity, viz., its own nature and its influence upon beholders, up to the exaggerated antithesis which it is selected to illustrate. Our eye falls on such sentences as the following, “There is nothing from which we seem more instinctively to shrink than from madness.” “There is a sort of unearthliness about the scene.” “We can scarcely be said to have sympathy with the mad, as we have with the sick.” “It does not come home to us that we are exposed to the same malady, or in danger of being similarly diseased.” Now long before the establishment of lunatic asylums, or known publications on insanity, we can look back on two books which are scientifically accurate in the descriptions of madness, or of the allusions to it which they give. The authority of one is divine; of the other, human; we were about to say *super-human*. We point to the Bible, we refer to Shakespeare, and we ask how do these support the above theses? Advancing from the lower to the higher court of appeal, one feels it enough only to mention *Hamlet* and *Lear*, in order to suggest whole scenes of the most sublime and simple pathos, sustained by the electric current, joining soul with soul; soul strung with

soul unstrung ; where the disturbance at one pole, excites its correlative, as correspondingly as in the literal magnet. But we select a few lines : Lear enters fantastically dressed up with flowers :

Edgar. "Oh thou side-piercing sight !"

Edgar, again. "I would not take this from report ; it is, and my heart breaks at it."

Again, *Gentlemen.* "A sight most pitiful in the meanest wretch. Past speaking of in a king."

Is not love for her father, and pity for her father's condition, each striving to be uppermost in Cordelia's words ?

"O you kind gods

Cure this quick breach in his abused nature ;

The untuned and jarring senses, O wind up

Of this child-changed father."

And Lear himself, partly assured of his condition, says :

"I am mightily absurd ;—*I should even die with pity*

To see another thus."

Lear, act iv. scenes 6-7.

See also *Hamlet*, act iii., scene 1.

Ophelia.—"O what a noble mind is here o'erthrown,

"That unmatch'd form and feature of blown youth

"Blasted with ecstasy ; O wo is me

"To have seen what I have seen, see what I see."

But we pass on to the Scriptures, where of course, the cases are but incidental. We hardly expect *sympathy* in Achish king of Gath, who probably, in common with all heathen, could not distinguish the phrensy of madness, from the ecstasy of inspiration ; but it was evidently because David's behaviour was *uncourtly* rather than *unearthly*, that one demonstration in his presence was sufficient.

If all departures from sound reason, rapidly verged into the type of the Gadarene demoniac, we should have much less to say, indeed ; but there seems something of weight in the case, without any nice distinctions of lunacy, insanity, and demoniacal possession, that, "those that were taken with divers diseases and torments, and those which were *possessed with devils*, and those which were *lunatic*, and those that had the palsy"† all *indiscriminately* met with *sympathy* from the multitude who brought them, and from the great physician who healed them. And it is curious, though it is no more than natural, for a father to love his child as much in sickness as in health, that the most extreme instance of

† Mark iv. 24.

naturalness and *feeling* in all the Gospels, is a case of an epileptic child who "was lunatic and sore vexed;" over whom the father cried out, and said with tears, "Lord, I believe, help thou mine unbelief."† Hospitals and asylums are modern; and we must draw the comparison between them by the help of modern ideas. That the possibility of infection is necessary to *sympathy*, we suppose that the preacher would hardly maintain. Is the possibility of having oneself to suffer in like manner essential thereto? or even the supposed probability? If so, sympathy should be far stronger with the madman than with the sick. I visit a fair female flower withering of consumption in the prime of life; or I witness an amputation for some strumous affection of a joint; and I have a thankful feeling of rejoicing, that, humanly speaking, my own constitution, free from hereditary predispositions, is almost certain never to suffer from either of those complaints. Have I, therefore, less *sympathy* with those pitiable cases? If so, sympathy is after all, resolvable into *self-love*; and I am pitying myself in imagination, instead of having another in view. But I have as little predisposition to insanity, and I know it cannot be infectious; though truly, let me not forget, that *fear*, *prejudice*, and such mental states, which actually coincide with madness in their characteristic of *unreasonableness* ARE violently and irresistibly infectious; and I do most heartily pity the narrow minded and the nervous. But this feeling, which argues rather the common virtue of humanity in me, than actual benefit to the sufferer, being an effect, varies with its causes, and rises infinitely higher over a universal chaos than a partial disturbance; over insanity than over feebleness of mind.

But further, says our orator, "the mind seems to know nothing whatever of the probability that itself may be out of joint." Is it so indeed? There cannot be a greater contrast, than between myself in the exaltation of health, and my friend burning with fever, and with death in his face, and I cannot shade off that contrast; but there is something too serious for a joke in the observation that no *such* breach of continuity separates me from the madman. Let us suppose that we could build twelve lunatic asylums, the *first* to be filled with ordinary men of the world, with their senses and their wits all about them; the *twelfth* with patients spending their remaining strength in paroxysms of bodily and mental excitement. Let also the *second* be the

† Matthew xvii., 15. Mark ix., 24.

abode of those who have weak intellects and small attainments; the *third*, of such as have lost their self possession by the undue preponderance of some favourite idea; the *fourth*, of persons of intellectual *genius*; the *others*, with mono-maniacs, or with melancholics whom no diagnosis can distinguish from cases of inconsolable despondency; and so on, up to the last. Are there not here, links of a real chain connecting me with the maniac, shewing me that I have more in common with *him* than I had with the patient suffering from fever, or the man with his scrofulous joint: nay, that sanity and insanity, like light and darkness, are but things of degrees after all? No one is absolutely free from irrationality, and few perhaps destitute of *all* traces of rational ideas. It is day with me and night with him, but there is only twilight between us. *Self-love* then, even, should make me feel the strongest *sympathy* with the madman; because though his may be the acute disease, and mine only the infirmity, yet I wish I were more rational myself, my faculties under sounder control, and the light of reason less flickering, so as to be *more unlike* his, which has gone out.

But again, says the divine, "It is not man who is looked upon, it is a strange mysterious inexplicable being, who seems to have assumed the human form that he may appall us in our own likeness, and to have come from some dark place of final retribution on an errand of scorn and revenge." "We do not know whether there be not something analogous between the feelings with which the inmate of a madhouse is surveyed, and those which might be supposed to be excited by the appearance of a spectre. In either case, it is the want of *earthliness* which goes so chillingly to the heart. It is not one of ourselves, with all the attributes of humanity, which is standing before us, and that involuntary shudder is in both instances a confession that we are in contact with something which is not of this creation, and that from all such contact flesh and blood must shrink. But let the causes be what they may, the fact is beyond dispute, that madness is regarded by us with feelings wholly different from those which are excited by any other form of sickness. We cannot bring you away from the madhouse as from the hospital." Ignorance is the mother of superstition we know, but that spectators of such parentage should liken a madman to a spectre; and imagine "the mysterious inexplicable being" of the insane, to be clothed in such *unearthly* drapery as appalls the eye and heart, is *no more a true account* of the

matter, than to call all men fools and cowards, because a *child* "fears a painted devil." And it follows from what we have said above, that if one who flatters himself that he is sane, by some trick of moral introspection, could but see *himself*, a ghost would be angelic compared with "Ego," and to know whether spectres fear each other, we must seek the shades below. To obviate such a personal catastrophe, let us fully weigh the actual fact, that "*madness is nothing but one description of sickness.*" A violent headache will often suspend memory and judgment. Why? Because those mental faculties are liable to sudden eclipse? No—but because of some abnormal state of the circulation or gross *matter* of the brain; so that the resident spirit cannot use its own instrument, the master command his own servant as usual. And so, *sin* for instance and madness are not two different diseases, to which the soul is liable, in the sense in which the body is liable to palsy or fever, but sin is technically a disease of the soul, independently and simply. Guilt is not a predicate of matter, but of spirit. But madness is only *mediately* a soulal disease, by that law of union and continuity which causes that the tenement cannot be affected without the inmate sharing likewise. Steam may be condensed in the boiler, but a defect in the wheels may prevent the machine from working, and the same result of improper action or none at all, may proceed from two totally different causes, defect in machinery or want of steam. It is thus with insanity; and probably the closer application of the microscope will bring this into clearer light, and help us to answer the question whether it is *possible* for insanity to exist without some abnormal state of the brain. And when we take into view, the fact that the *cause* of insanity has been some accident which has operated upon the *mind*, not upon the body, there can be little doubt that the circuit of unhappy influence is, first, some external circumstance disturbing the mind; then, the mind which might have recovered itself from a less disturbance, disorders the brain, which is passive under the blow from the mind, and retains the wound; the physical disorder remains, and perhaps increases; and then *reacts* on the mind again, *and that is insanity*. Are these processes then *unearthly* or transcendental? If not, are not ignorance and sentimentality the secret of the contrast between the madhouse and the hospital? We protest most strongly against such a dark hopeless repulsive description of that disease, which even in its humiliation, proves the infinite superiority of man over

the irrational creation ; and though a faint and distorted image, is still an image of His nature whose perfections are not changed by the accidents of matter.

It would be easy enough here to record actual facts and results to shew that the sympathy which assumes itself as one with the sufferer, has often struck a chord which by being delicately tuned, has proved the first faint step to the removal of painful and false impressions ; and anticipated the onward notes of perfect recovery.

When we consider the great proportion of cases of partial insanity, with which perfect sanity on numberless subjects can consist, the solid happiness and cheerfulness sustained by the permanence of the absurd ideas of madness itself, quite as satisfactory as the superficial worth of a vain and a deceitful world ; and above all, the incomparably touching and interesting proofs that the glorious hopes of true religion, the unequalled support of a placid confidence in the tender mercy of a loving Father, are sufficient for the worst possible contingencies of human existence, and shine like light from a superior orb into those darkened recesses deprived of the light of the natural sun, we cannot refrain from the conclusion, that a man in an asylum is no more appalling than the sun or the moon under eclipse which always appear lighter afterwards ; and so may he who has thus suffered, shine brighter in humility, sanctification and freedom, from those sins which may have caused his sorrow ; and at last, be in those ranks nearer the *throne* above who have come "out of great tribulation."

We venture a word in conclusion to substantiate our charge of unsound interpretation. "It is the laughter of the world which the wise man calls madness, and there will be no difficulty in shewing how close is the parallel between the maniac, and the man by whom this laughter is excited." "This creation is a scene of conflict between falsehood and truth." "While the bold and direct falsehood gains for itself the general execration, there is a ready indulgence in the more sportive falsehood, which is rather the playing with truth than the making a lie. Here it is that we find laughter which is madness, and identify with a madman, him by whom the laughter is raised."

We confess ourselves at a loss to discern the similarity between madness and falsehood ; whether that falsehood take the shape of a direct lie, a sportive exaggeration, or profane wit ; except that, indeed, there is one strong point of resemblance between madness, and *every* departure from

rectitude in thought, word, or deed: namely, that the highest reason, or *reasonableness*, the most perfect and normal exercise of man's intellectual faculties, is in compassing man's highest and most lasting welfare. It is madness to ruin one's own happiness, and because *all sin* destroys peace and happiness, therefore, *it* is madness. But in this sense, the various phases of falsehood are *no more* peculiarly madness than theft, drunkenness, or murder. They are all departures from the true original condition of man, and so aberrations from true unviolated reason. The antithesis, instead of being between truth and falsehood, is evidently between *reasonableness* and *unreasonableness*. Otherwise, how could Solomon say, his "wisdom remained with him while experimentally indulging in laughter and in mirth." Since he could not find happiness in natural wisdom and knowledge, (tried in chap. i.) he would seek for it elsewhere, even in *pleasure*, in which he observed some men placed their happiness. But he found pleasure, mirth, and laughter, as ineffectual to this end as other more solid things, and he said of them—"this is also vanity." We acknowledge it to be *worse* than vanity, it is downright madness. For there is gratification and some profit in human knowledge; but it is vanity if *permanent happiness* is the one end in view. There is gratification in wealth, but it also is vanity; *in* that it assists no more nor so much to this end. But of laughter, not only is it vanity, is it not *unreasonable*? Is there any satisfaction or any profit after the loud laugh is over? It is but the glare of the moment, only to contrast with the gloom of the succeeding one. "Woe unto you that laugh now, for ye shall mourn and weep." Two men sit in drunken laughter together, they quarrel, they fight, and in a few moments, one is hurried into eternity by the murderous hand of the other. During the prevalence of the epidemic, many were in laughing thoughtlessness in the morning, in agonies at noon, and dead before night. And in the gayest and most polished society, how often is the most consumptive guest, the most loquacious and witty. He is laughing now, and making others laugh, in a few weeks he is in his grave, and his associates shudder. That the risible faculty in moderate exercise contributes to the health of the body is undeniable. "A merry heart doeth good like a medicine," but this is very different from that thoughtless laughter which is mad, because it is inconsistent, incoherent and *unreasonable*. Seriousness is reasonable, and therefore *sane*,

because it is in due coherence and consistency with the realities of life.

“Nor mourn I the less manly part
Of life to leave behind,
My loss is but the lighter heart,
My gain, the graver mind.”

On the Classification and Forms of Insanity, by HENRY
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Continued from Page 305, Vol. II.

Introduction.

In my first lecture on the nomenclature of varieties of insanity I dwelt upon those phraseologies which have already been in use. The first of these was the old well known classification, which was grounded on the physical temperament, and conduct of the patient; and which confined itself very much to the question, whether he was violent, low spirited, or silly. Mania, melancholia, and dementia, being applied to these states; monomania and moral insanity, arising in after years as auxiliary to these terms, and being a refinement on the idiosyncracies of various cases. The second phraseology was one which Dr. Noble has developed, if not originated; it dwelt upon the *metaphysical* position of diseased mind, discarding the consideration of conduct and temperament. It tells us which part or faculty of the mind is diseased; it contains, in short, a geographical sketch of the mind and its diseases, and gives us some ideas of the exact position of each case in the history of diseased mind. Emotional, notional, and intelligent insanity are the chief terms of this vocabulary. I stated my belief that a consideration of both of these histories, the physical and the metaphysical, the state of the conduct and temperament, as well as a history of the part of the mind diseased, were necessary, for a terminology which should represent a fair history of the varieties of diseased mind; and I proposed to compile a nomenclature of the varieties of the disease, constructed from the conjoint consideration of these two histories.

I would here repeat an example of the three metaphysical

forms of insanity given above: Three insane persons obstinately refuse food; one of them is so miserable that he wishes to die, and does it purposely; a second thinks his food is poisoned, or that if he eats he will burst; a third is so raving and incoherent, that he knows not whether he eats or not, or is but in stupor. The distinction is obvious and often very important.

In studying then the history of diseased mind, I recognise three great divisions of what must be termed, for the present, a metaphysical nature; namely, diseased emotions, diseased notions, and diseased intelligence; but I also recognise two great distinctions of a simply physical nature, namely, excited nervous action and depressed nervous action. Among the insane emotional, notional, and intelligential phenomena, each and all of them evince these two physical states of nervous action. I propose, therefore, to make the following table of three columns. The first may be called the metaphysical column, the second the physical, and the third will consist of that classification of insane varieties which I would offer to the consideration and criticisms of those interested in insane phenomena. We must divide the insane according to this twofold rule; for if we are content with the consideration of one set of symptoms without the other, we fall into one of those dilemmas which I have already described as characterizing phraseology hitherto.

The table then which I would propose is as follows:

<i>Metaphysical Symptoms.</i>	<i>Physical Symptoms.</i>	<i>Phraseology.</i>
Emotional Insanity.	Nervous Exaltation	Exmentia. (a compound of the Greek <i>ex</i>)
	Nervous Depression	Dysmentia (a compound of the Greek <i>dus</i>)
Notional Insanity, or Simple Delusions.	Nervous Exaltation	Monomania
	Nervous Depression	Monomelancholia
Intelligential Insanity, or Incoherence	Nervous Exaltation	Mania
	Nervous Depression	{ Melancholia Incoherentia Acute Dementia
Insanity complicated with Motor Derangement	Insanity combined with Convulsions	{ Epileptic Insanity Hysterical Insanity
	Insanity combined with Cataleptoid Symptoms	Cataleptoid Insanity
	Insanity combined with Paralysis.	Paralytic Insanity

In treating of mind and its diseases, I would always guard against two errors into which many fall. The one (not much in vogue now), is an inclination to esteem mental alienation a spiritual matter, independent of organic change; the other, an inclination to see nothing in either mental disease or the mind itself but varying modes of cerebral function. The first has the great name of Abercrombie among its supporters. He says (p. 254), "Attempts have been made to refer insanity to disease of the bodily organs, but hitherto without much success." I would say to such an one, if you find no difficulty in recognizing the physical origin of drunkenness, why need you in the case of insanity? The fact, that in the one case the immediate agent is visible, and the other is invisible as the product of mal-assimilation, &c., can be nothing to you who have studied the hidden sources of disease; while the facts that a narcotic can change thought, and over-exertion of mind can produce headache, must convince you of the intimate union of mind and matter; and that nerve substance is the instrument and channel of the mind. Such a consideration need cause no distress to the Christian mind, if he rightly views the position of the body in the economy of his nature. There is nothing vile in the body, to him who believes that it is to be consecrated together with his mind to a life of holiness. When St. Paul draws the antagonistic position between the works of the flesh and of the spirit, he does not refer to that distinction which we intend by the words physical and metaphysical, but rather to the distinction between the use and abuse of our faculties. Thus, when he opposes hatred to love, he refers to two mental states, each affected by the physical frame, and requiring physical organization for their manifestation in this life.

With respect to the other error I spoke of, I am not about to enter on a dissertation on the nature of mind, but I must say, that the opinion that mind (the moral agent, the will which guides as it chooses) is nothing more than a function of the brain, appears to be, on the lowest consideration, an insufficient theory, unphilosophical, and requiring more credulity than any belief in spiritual agencies. Explain this theory as good men may, let them argue that they only mean mind in this life, it would, I believe, always lead to a dangerous pantheism, and never receive the consent of mankind. The belief of all ages, the world wide belief, the belief worthy of one who can appreciate his own Divine image is, that the mind is the special emanation of its Divine Creator, capable of holding immediate communion with Him, and occupying the body, or the sensorium (as we technically

call it) as a temporary abode ; that this sensorium is capable of being the channel and instrument of the mind, and is the medium through which its manifestations are made, but that its imperfections cloud, and sometimes obliterate for a time its light. The facts that cerebral organization and mental power bear a fixed relation to each other, and that the mental principle grows and developes with its physical tenement, do not invalidate this theory, but rather point to the harmony in the works of the Creator, and His providential adoption of the spiritual principle to the body it is to inhabit. This belief is held by the learned and the good, and I know it has the sanction of the highest physiological authority. I wish to make this emphatic declaration, that whatever I may say hereafter of diseased mind, I refer to disease of the instrument of mind, not of mind itself. Madness is imperfect action, and belongs to a system subject to decay. I feel this caution to be the more necessary, in that the object of our solicitude having lost moral liberty, and being the victim of his mind, presents us continually with a picture where the lowest faculties, and those most intimately connected with simple nervous impressions, have taken the reins from the highest, and sensations have usurped the places of reason and conscience.

Physiology points further than to the general truth that brain *as a whole* is the instrument of the mind *as a whole*, and gives us good reason to believe that the great faculties, the emotions, the sensations, and the intelligence, have distinguishable ganglia, sensoria, or spheres of action. In the distinction which I make above between notional and intelligential insanity, I do not suppose that intelligential does not continue notional, or that a notion is not an intellectual act ; but I wish to discern clearly between delusion on one or more points and general incoherence. It should be borne in mind that the more rudimentary faculties are often involved in the injury that affects the higher, thus if the notions are wrong, we generally find that the emotions suffer also.

I would now divide the subject into the three following heads :

I. I would say a few words on each of the columns in the preceding table.

II. I propose to give an historical sketch of the various progressive steps from perfect soundness of mind to complete madness.

III. I would apply cases from a large number which I have in hand in the elucidation of these progressive steps.

I. First then, with regard to the second column. I have so frequently dwelt upon irritable excess of action and deficiency of action, as but two consequences (differing in degree, but tending in one direction) of loss of nervous tone or equilibrium; that I need but allude to it here most briefly. That a morbid excess of action is but a step short of depression of action is provable in many ways. If we take an example from that part of the nervous system which is devoted to the special senses, we find that phantoms and blindness, tinnitus aurium, and deafness, succeed each other, according to the degree of injury to the nerve substance. In the motor system, convulsion and paralysis follow a similar law; and in the system of the true sensorium, we have but to note the varying effects of such a poison as alcohol on the mind; a little causes excitement, a little more torpor.

Now, madness is to be characterized very much by the results of too much, and too little. Mental phenomena are extravagant or deficient, or both at once; and to those who study the disease, it is quite apparent, that what is required for cure is to restore this lost equilibrium. On this head, however, I would refer to my former lecture.

Secondly, with regard to the first column, I would have it understood, that I believe it is a right thing to esteem emotional insanity rudimentary to notional, and notional to intellectual. In laying this down as the rule, I do not mean to say that all cases of more complete insanity must have passed through the more rudimentary forms (as I shall shew hereafter); but if we take notice, we shall find, that while many do pass through these progressive stages, this gradual journey is remarkably in accordance with the analytical history of the mind. By this I mean, that I believe it to be a generally recognized thing among metaphysicians, that *so far as mental phenomena depend on a person's own experience*, and not on the testimony of others, ideas are acts in advance of sensations and emotions, and that the acts of the intelligence, such as the memory, the reason, and the will, are acts in advance of sensations, emotions, and ideas; or, perhaps I had better say, that these faculties are the means by which we retain or compare past impressions, and that all these form the data on which we arrive at resolutions for the future.

A good opportunity is presented to us for watching the dependence of the higher faculties on the lower, or rather, I would say, their sequence from the more rudimentary to the more elaborated faculties of the mind, when we watch the progressive effects of some narcotic, such as alcohol or chloro-

form. Let us mark the gradual influence of chloroform on the mind, as the more rapid, and therefore the more remarkable agent. The person placed *gradually* under its influence will give an account which is very much to the effect, that his emotions are first affected, while his notions and intellect remain clear and unaffected; that he then passes through a period of delusion, which runs on into incoherence and final extinction of mental activity. Thus he says, that he feels at first, a sense of great happiness and peace steal over him; he is translated into Elysium, while he knows that he is still in this world, and is aware of all that is going on around him. The fact, that under the influence of chloroform sensations are pleasant, and that under that morbid influence which causes insanity, sensations are unpleasant, is a matter of little importance to the present question; indeed, however great the difference between comfort and discomfort is to the individual's own experience, the distinction in a scientific point of view becomes as unreal as that between heat and cold, to those who know, that what we term pleasure and pain are states that arise from but varying degrees of the same thing. But to continue, this sensational and emotional delight advances by degrees into the regions of phantasy, the external world recedes more and more, the emotions become embodied into ideal existences, the dream has begun, and the patient fancies himself in the presence of things and persons which have no real objective existence. By degrees these images rapidly succeed each other and without any order, all connection or sequence is lost, and the patient has really passed into the stages of ideal and intelligential insanity. It would be nugatory to argue with the person who would say that this chloroform case is not insanity; for to all intents and purposes it is as much unsoundness of mind, though temporary and from an obvious cause, as the more lasting forms which arise from internal and more hidden causes. The circumstance, that in the one case the injurious agent operating on nervous substance is visible and derived directly from without, and that in the other the injurious agency operates indirectly through mal-assimilation, depraved nutrition, or some such cause is hidden and difficult of solution, compels no real difference in our view of the case.

Now sensation is evidently a more rudimentary faculty of the mind than emotion; and it may be asked, why do you begin with emotional insanity? why not commence with sensational insanity, in a history which professes to trace diseased mental manifestations in an historical manner? The obvious answer is, that while in one sense sensation is a

rudimentary faculty of the mind, yet in another it may be said to hold a middle ground between mind and matter. What is a sensation? It consists of two parts, namely, a physical nervous change first occurring, which is appreciated immediately by the mind, and usually attended with either pleasure or pain. It has been customary to call the physical part of sensation an impression, and the mental an act of perception; which act of perception is more or less intense according to the degree of attention directed to it. Many sensations consist almost entirely of the physical part; the attention being directed to other matters, the mind is so very slightly aware of the change which has occurred, that unless some additional circumstances should call the attention to it, it would not even be stored in the memory. A common example of this occurs when a man is absorbed in a book; a clock strikes, and he does not consciously recognise its sound; but some one coming in a minute afterwards asks him the hour, and he is sensible, for the first time, of the number of strokes or vibrations, which have impinged on his auditory nerve.

Now though sensations are thus through perception and attention connected with the mind, their relation to the mind is essentially so slight, that they may become, to a great degree, objective rather than subjective phenomena: in other words, the mind can handle them, in a great degree, as things external to itself. An emotion, on the other hand, though often connected with sensation, and springing out of it, is so much a part of the mind, that a man's happiness or anger may be said to lose its emotional character, when he can manage it as he would a thing external to himself. While, therefore, I would say that a person suffering from depraved emotion, is of unsound mind, a person who is the victim of depraved sensation is not. The whole difference between illusion and delusion is grounded on this distinction: an illusion being an act of depraved sense, which the mind analyzes and does not acquiesce in; delusion is an imaginary existence, so entirely of mental origin, that the mind cannot but recognize it as a part of itself, and believe in it. But an example is better than any abstract reasoning. I will, therefore, give as an illustration of the fact, that diseased sensation may exist without essentially affecting the mind, a well-known scientific person. This person suffered from spectral illusion. He would see a skull on his dissecting-table, on entering the theatre. Sometimes the skull was there, sometimes it was not; but his eye told him it was there always. His mind,

however was free; and he said, I cannot trust my sense of sight, I will try another sense, and feel if it is there. This was usually enough, the grosser touch of the finger would correct the more subtle, but in this case diseased touch of the retina. On one occasion, however, his special senses failed him generally, and yet his mind remained clear. He was about to step into his bed, when he heard a voice address him from his bed-head: he looked there, and observed a figure. He was convinced it was an illusion. He approached it with his candle, and felt a touch on his arm; still he was satisfied that all this was owing to the morbid action of his senses, that the sound was not that of a real voice, or the sight that of a real figure, or the sense of touch anything more than a convulsive twitch of the muscles of his arm. He continued to approach the figure, and as he approached, it receded. He followed it down stairs, and when in the hall his mind became so affected, that he fell into a swoon. Now, this man's mind was clear, until his emotions caused him to swoon away. He did not trust his senses, he believed the conclusions of his reason more. Had he, however, become so overwhelmed by this apparition that the whole tone of his mind was altered afterwards; had he said, I believe that this phantom has no real existence; but had he at the same time been so upset by the circumstance that he could no longer control his thoughts, that he gave way to deep dejection, and that life became unendurable in consequence; it would not be necessary to wait for a distinct delusion, to pronounce that he had entered the regions of unsound mind. His position, in short, would have been that which I have recognized as dysmentia in the preceding table.

Emotional insanity is, then, the first stage of unsoundness of mind, in a philosophical point of view. How is it in practical life? As I have already said, we do not always find insane phenomena beginning with the emotional form, and passing on progressively to delusion and incoherence. We cannot, in a vast number of cases, observe any halt at these stages. This difficulty I will account for immediately. But let me say, that I think the more accurately we observe the first stages of insane phenomena, the more we *shall* recognize a period when the emotions, feelings, affections, (or whatever term we will) are affected alone. I know that since my attention has been drawn to this matter, the more apparent this becomes. I could not, however, pretend to say that in many cases any notable halt is made at the early stages. The patient frequently leaps as it were from the ground of perfect sanity

to some advanced position in the road towards complete mental alienation. For instance, when acute mania suddenly accrues. I know also that these active cases generally spring back again to the ground of sanity, more rapidly than those which pursue the more progressive course. But this consideration would not deter me from adopting the progressive history of the disease as the normal one; for there are many modes of accounting for this irregularity, and the arguments in favor of adopting the progressive view are greater than those against it. Among these modes, one is that the mind may pass through the earlier stages, in many cases where we do not observe them at these stages, on account of the rapidity of the disease; and like the electric shock, which cannot be observed at any stage of its journey, before it is seen at its terminus, insanity presents itself to us as complete. It may be, again, that the evil falls like a cloud upon the whole mind at once: in very many cases, however, we must acknowledge that the evil takes a retrograde course from the higher faculties to the lower. As in the imbecility of old age, where loss of memory, loss of resolution and judgment, generally precede loss in ideas, or any depravity in the emotions.

But, even if I were willing to acknowledge that the exceptions may be more frequent than the rule, in such a Protean disease, I should not incline to give up the progressive, as the normal history of insanity. Without such a history, we have no means of tracing a connection between the various phases of this disease. Our view of it becomes as incoherent as the thoughts of our patients. By keeping the progressive theory in view, we gain not only a sight of what is presented to the sufferer in the stage of the disease where he may happen to be, but we also get a good idea of whereabouts in the mental history this stage is: in other words, we not only can mark his present symptoms, but we can gain some idea of his antecedents and prospects. It has been recently observed by one, who is not aware how entirely insanity is now regarded by medical men as a disease consequent on physical infirmity. "I wish that these doctors would shew us something of the connection between mental disease and physical ailment;" and I hope that what I may now write will aid such an one in tracing the connection.

Thirdly, I must add a few words of apology for the terms of the third column of the preceding table. The terms *dysmentia* and *cataleptoid insanity*, or that peculiar state of torpor and insensibility manifested in many melancholic cases, were discussed in my last lecture, and met with approbation. The

only new term, therefore, is *exmentia*; by which term I would indicate emotional insanity of an exalted, rather than a depressed character. This form of disease is very often connected with an advanced form, viz., paralytic insanity; so that much care is required in its application. It is also by no means so common as *dysmentia*. I feel it, however, so important to recognize emotional insanity, (separate from and *short* of the more intellectual forms of the disease,) that I must devise a term for this affection under the exalted, as well as the depressed type. I have known *exmentia*, or simple emotional excitement, alternate with periods of depression, and yet for many months the disease went no further, no delusion occurring, and yet there was great anxiety as to the care of the patient. The victims of these incipient forms can reason well enough, and see the impropriety of injuring themselves. The common observer would declare them to be of sound mind, but repeated attempts at self-destruction, the marked changes in mental character, in the conduct, the physiognomy, &c. compel us to recognise unsoundness.

It will be observed, that notwithstanding my remarks on a former occasion, I have kept the term *mania* in the preceding table. The truth is, it is in such constant use, and the arguments against it are so much more against the abuse of this term than its use, that I feel compelled to keep it. By *incoherentia*, I allude to a form of intelligential insanity, which evinces neither the violence of *mania*, nor the loss of memory and fatuity of acute *dementia*. There is a considerable class of patients who are simply rambling and incoherent.

Let me here meet a few objections which may be raised against this classification generally.

One objection which may be raised against the table which I have given is, that it may be said to be too clear in its distinctions, and exaggerated; that insanity is not in nature so clearly defined, that the outlines are less distinct and its coloring more blended. This argument must, I think, prevail against all systematic classifications. But I am willing to acknowledge the force of this argument in full, and yet to retain this programme. For I believe that before any true picture of insanity can be appreciated by the student, much has to be both learnt and unlearnt; many outlines have to be made and afterwards obliterated; many colors exaggerated at first and afterwards toned down. If we hope to depict insanity without this doing and undoing, without exaggerating every little hook for the memory; if we attempt to blot in nature upon our canvass, we run a great hazard of producing

a picture without shape and without interest; we should find our varieties assuming the appearance of a tame generality; and while seeking to copy nature's inimitable blending of color and form, we should produce a pointless and uninteresting picture. I feel satisfied that we must have a systematic method in reaching the goal at which we aim; we must have theories and prejudices before we can really appreciate truth. Is not this the case with the artist of material nature, who has to depict what is tangible by his senses and fixed for his observation? Has not he to learn a method by which he exaggerates outlines and colors? Has he not to frame a skeleton of his own (which nature would repudiate could she speak) before he can produce a picture which can at all represent the fineness of her forms and the delicacy of her tints? And if this is the case with one whose art is so simple, and whose instrument is as powerful as the brush, how much more must be required by him who would sketch forcibly the face of mental nature, whose expression can only be caught by attentive watching, fixed by a retentive memory, and represented to others by an instrument as feeble as words.

Another objection which may be very rightly raised (if not explained) is, that the same cases are continually changing their aspect; that they are like dissolving views, so that you may find one day one scene, another day another, and a third day a mixture of the two; mania, melancholia, and dementia succeed each other in such endless varieties in the same case; nay, exist *so coincidentally*, that it is impossible to classify. When you find violent excitement and deep distress, or violence and imbecility combined, what are you to do? In such circumstances we can of course only classify a case as to its *present* history, and we must single out its most prominent and permanent characteristics for the basis of our name. Moreover when all the three metaphysical forms exist together, when the patient is miserable, full of delusions, and incoherent, we should, of course, take the more complete characteristic for the guide to our classification, and let it cover all those of a less developed insanity. The incoherent are, of course, full of delusions, and the emotions are generally depraved; such a term as mania therefore will cover all; we should only use the terms of the less developed forms when more advanced symptoms do not exist.

A third argument which may be raised by one conversant with insane minds, but inclined to take a cursory view, would be, that these classes hold no sort of proportion (numerically speaking) to each other; that some of them are so rarely

seen as hardly to deserve naming, exmentia for example; while others, such as monomelancholia, seem to be the only class of any important magnitude. He may say, "the practical truth is, that you go into a ward and see a number of melancholy persons with one or more delusions, they are, perhaps, enlivened here and there with a case of maniacal excitement." My answer is, that I do not presume that numerically they hold any relative proportion to each other, but this does not make analysis of cases the less important. It is very easy to say, I care not for this subtle analysis! persons are mad altogether! or sane altogether! But it should always be remembered, that there is a wide difference between that prudent inclination to synthesis which in practical life a man of experience arrives at, and that vague inclination to generalize which a superficial and scanty observer is inclined to adopt.

Fourthly, it may be observed that there is no provision made by this table for the varieties of intermittent, remittent, and continuous disease. It would be endless to mix up this question of continuance with the question of form of disease; suffice it to say, that every form may be either intermittent, remittent, or continuous. I would also make a somewhat similar observation as to the question of acute or chronic. All three forms may be either temporary or persistent. Perhaps it would be the best plan to say that the table here given is intended to represent active disease alone. For when cases become chronic, they lose very much of these distinctive characteristics. Our interest, moreover, is not so much in marking the various forms of shipwreck, which may be heaped upon the shore from whence there is no return, as in watching the vessel while it holds together, and is susceptible of remedy.

II. *An historical sketch of mental phenomena from perfect health to complete unsoundness.*

I propose now to trace the mind through the varying conditions of disease, and to make as clear as I can anything which indicates the course of this journey. Before I come to the history of unsound mind, I propose to give a brief sketch of healthy mind in the two conditions of physical refreshment and physical exhaustion of its nervous instrument the brain. And I do this for two reasons: first, that by this means we shall best get on to the track by which we are to trace every form of insanity; and, secondly, that while the mind has moral liberty, or in other words, is healthy, it can speak for itself, and tell us something of the phases of mental and phy-

sical suffering which it goes through. In the case of the insane we must trust very much to the hypothesis of doctors; the patient is the victim of impressions, he can no longer view them objectively; but the sane can speak for himself. He can say, though I am suffering from intense discomfort, though my senses play me false, though I feel a difficulty in controlling my thoughts, still I know that the external world is the same as it ever was, the medium of my own mind is the only thing at fault.

I propose, therefore, to comment upon the following states.

1. The healthy mind in a sound and refreshed body.
2. The healthy mind in an exhausted or diseased body.
3. The diseased mind suffering from emotional insanity.
4. The diseased mind suffering from notional insanity.
5. The diseased mind suffering from complete or intellectual insanity.

In tracing these stages of mental phenomena, I will suppose the individual whose steps I am following, to be of what is called an irritable temperament. This is very important, because the irritable diathesis experiences changes and peculiarities, of which the firmer constitution knows nothing. There is a large class of persons whose nervous system is so sound and perfect in its working, that they are not even aware of what you mean when you speak of high and low spirits; it seems to them all romance and nonsense. These minds, when they break down, frequently give way suddenly; they for the most part become quite incoherent, but they do not progressively descend the scale of steps which I shall now speak of. Their fall reminds one of the sudden and overwhelming calamity which brings down the bird of strong wing, to struggle helplessly on the earth. Nothing impeded his flight towards the horizon of his hopes while power remained, he was far above all the impediments to flight which things on the earth might offer, but when he falls the power of movement is gone altogether. The vicissitudes of the irritable diathesis resemble the flight of that bird which is easily beaten down by any change which may occur, though at times he may soar higher than even his stronger brother. Sometimes he is in Elysium; sometimes low and drooping, and drags heavily along the earth. He learns all states by his experience, so that while he labours under these disadvantages, he has this advantage, that amid these vicissitudes he learns in his ascent and descent the pictures of life, which more or less permanently surround the minds of firmer constitutions.

The Refreshed Mind.

In analysing mind at all we cannot but recognize two very distinct influences which affect its construction. By the one, I mean the influence of present sense, and its effect on the emotions; this is frequently termed the spirits, temper, &c. By the second, I mean the influence of habits learnt from the voice of experience, observation, reason, religion, or some other external agency. The distinction, between what I may term this inherent nature and this acquired nature, is at all times obvious and of importance, but it is particularly so in tracing the progress of mind from sanity to insanity, as I shall presently shew.

The inherent nature is represented by the terms instinct, impulse, temperament, disposition, spirits. Let us take the good old term, spirits: if we analyse this we shall find it is composed of the conjoint action of our present sensations, and emotions which arise from the state of the present sense. As I proceed in tracing the accession of mental unsoundness, I shall have occasion to draw particular attention to that class of nervous impressions which is most intimately connected with pure mental acts, and which has not, in my opinion, as yet been sufficiently recognized: which is not perceived by what is ordinarily termed common sensation the special senses or muscular sense, but by the perception of the state of our *inner man* (if I may be excused the expression), and for which I propose to adopt the term *functional sense*. Now, the state of this *functional sense* plays a most important part in the history of incipient insanity. The acquired nature becomes, through the power of habit, a second self, but it never becomes so essentially self as the inherent nature; and I think that the more we watch the peculiarities of mind when going astray, the more we shall see the importance of distinguishing between this inherent nature and this acquired nature.

But there is a part of the inherent nature which is so distinct from the history of present sense (though it always influences it), that it deserves to be called a separate and distinct principle; and that is the original scheme, model, or character of the mind. That stamp or impress on the mind which we carry about with us from the first moment of individual existence, a good deal of which is hereditary, and all of it congenital. As we trace the passage of mind through health and disease, we must bear in mind the working of this influence, as a principle essentially connected with the inherent present nature, and yet antecedent to it. Let me then, for

the present, recognize these three influences as distinct from each other; and I will term them *our original nature, our inherent nature, and our acquired nature.*

Mind may be said to be acting most healthily, when these three influences combine in acting most healthily. That is, when the mind is originally and congenitally elastic and healthy; when habits have been such as to exercise, rather than injure this original elasticity; and above all, when the present spirits are vigorous and the *functional sense* comfortable. An example assists so much the elucidation of an abstract idea, that perhaps I may be excused if I refer again to the one contained in a preceding paragraph. Suppose our subject was motion, not mind, and we wished to find out the extent of a bird's powers of flight. I would compare then the spirits and present sense, to the strength and health of the bird; the congenital predisposition, to the body or scheme of the bird which has to be carried; and the force of habits, to the habits of the bird's life. Thus, where the present power is strongest, where its exercise has been most healthful, and where the body or scheme of the bird is most suited for flight, there we expect to find flight in its full perfection.

I would have it understood, that what I am about to say of the position of the mind, has not so much reference to its power or dimensions, its endurance and subtlety, as to the *healthiness of its action for the time being.* I want now to draw the greatest contrast that I can to the diseased mind. If I were called upon to point out one characteristic more comprehensively and rudimentally indicative of unsoundness of mind, than any other, I should say it was the loss of elasticity. This loss is to be observed in the very earliest stages of morbid mind. It is betokened by an inability of will to turn from one subject to another. To use a metaphor again, the action of this characteristic resembles the steps of a fly through glue. The mind cannot move freely, moral liberty is impaired. This is the first sign of the presence of that chain which so hampers our inner man in its contest with the outer world, that ultimately we become the victim instead of the master of our circumstances. When this is experienced, we are far on our road to dysmentia. Want of elasticity then being the characteristic of unsound mind, I consider elasticity the characteristic of sound mind.

I would now, therefore, offer a sketch of mental action in its most healthy form. I will suppose a person, the scheme of whose mind is constitutionally elastic, whose mind has been exercised in healthy habits, whose present sense or

spirits are vigorous and comfortable, starting upon some congenial work in the morning, after being refreshed by sleep and food. Ideas intuitively roll across the field of the mind in rapid and pleasant succession. These ideas combine without any recognisable exertion, almost spontaneously, so that our power of comparing, or reason, seems to have everything peculiarly in its proper place for the commencement of its operations, and the path of thought becomes an easy one. Compare this with what happens when the spring of the mind is lost; ideas are few, tedious, and appear to stagnate, not to combine easily, and reason finds a rugged road.

It is wonderful how keenly and freshly we can excogitate when the physical instrument of mind is elastic and free; difficulties clear away, or rather we are on so high a pedestal that we see over the boundaries which usually obstruct our view. It is a somewhat unfortunate circumstance that this degree of elasticity of mind is usually experienced when the body is in healthful exercise, when fresh air is playing around us, and when we consequently have no means at hand to mark down or fix the conclusions at which we have arrived. A good memory becomes, then, a most important agent in stereotyping our thoughts; but even with this advantage, we must ever bear in mind that no drawing from memory is equal to the sketch direct from what is before us. If we attempt to write down our conclusions, we should produce after all, but a conventional picture; the finer parts have evaporated, and there is but little added to the old residuum of the mind. These happy periods of excogitation are consigned, therefore, to the lot of never appearing, and thence springs the old proverb, that "an author's best thoughts never appear."

One very interesting phenomenon at such times of mental refreshment is, the sense of increased spiritual aspiration which now occurs. Our capacity for love towards man and God seems to increase. It seems strange that a state so dependent as this on physical exhilaration should end in this way, and yet we cannot ignore it. When I come to speak of one of the earliest forms of mental alienation, I shall have to shew how frequently moral depravity arises as physical and mental vigour departs. There are many ways of accounting for this, as I shall show when I touch upon dysmentia.

But to continue, we may realize the history of mental elasticity and its dependence on physical causes in a very striking way, if we go out of a close hot room into the outer air; scales

seem to fall from our eyes ; illumination takes the place of ennui ; we wonder at the difficulty, the suspiciousness, the ill-will we felt. But now, every thing seems easy and plain, and the mind instinctively goes upwards, poetry becomes the natural vehicle of thought ; and all this is produced by the fresh air. Oxygen, thickly growing ideas, firm resolve, hope, faith, love, happiness, and life, seem wonderfully connected. Malaria, stagnation of mind, suspicion, despair, hatred, and death, have their connection also. Surely when minds are free, our talents and our responsibilities rise so in proportion, that a great work now only balances the smallest effort made, while the cross of suffering is upon us.

While the mind is elastic and free, its possessor feels like the owner of a treasure house, the rooms and shelves of which are well and carefully kept by its master, every thing is in its right place, so that he can go when he pleases and find what he wants ; the key of this treasury is safely in his possession, and he is free to labour or to rest. Perhaps I would rather say that the distress of him who loses this state of health, reminds one very much of the amazement of him who would find his treasury broken in upon, and all that he cared for in such a state of destruction and confusion that he can find nothing. A helpless restless amazement is the peculiar characteristic of many cases of incipient insanity.

There are certain states of existence where the mind appears to be peculiarly fresh and vigorous : I will advert to a few of them again, stating that I am not now speaking of what is usually meant by the term mental power, but mental health. One is manifested by the man who is sufficiently clothed and fed, but who lives a great deal in the open air. What one reads of the mental vigour of the hunters in the prairies is very striking ; the satisfaction in his life, the glow of his spirits, and (so far as this limited world admits it) the keenness of his mental powers is, as far as we can judge, far superior to anything we ever experience. Another state of peculiar mental freshness is that of early youth ; the brilliance of mental phenomena at this time seems peculiarly to resemble the brilliance of the face of nature in the early dawn. The earliest period of life (of which we get no information,) may be said to resemble the grey dawn, where the forms of things around heave in a mysterious manner before the spectator ; nought is clearly defined, everything is mysterious. But there comes a period after this of peculiar brilliance and beauty, when the sun has just arisen ; all objects have a vivid reality, an intensity of colour and

outline compared with which the phenomena of mid-day appear to be encompassed by a heavy atmosphere; the clouds are gorgeous, the heath side is golden, the mind of the spectator is keenly alive to impressions, wonderfully in tune with the beautiful everywhere; perhaps too sensitively alive: but the sensations produced, as well as the objects producing them are such as can never be acquired in mid-day. The mental phenomena of early youth have not only an analogy to, but partake of this freshness and keenness; everything is viewed through a rosy medium. If it were not for the reminiscences of childhood, we should know nothing of that emotion which colours alone can excite. Colours, tastes, scents, everything that comes to us through the medium of the senses, have a clearness and reality and force about them at this time, which would indicate a more than usual amount of mental freedom and keenness. There is one other state when mental action appears peculiarly to grow and acquire freedom and force, if not enlargement, and that is when we have a happy facility for, and opportunity of *expressing* ourselves. This is a subject on which I hope to enlarge at another time; I will, therefore, here only briefly indicate what I mean. Take for example, the influence of that readiest and therefore, best expressor of mind, rhetoric; if the orator narrowly observes himself, he will often find that his thoughts *grow* in freedom and vigour with his power of expression, his words do not merely represent and back his thoughts; but they actuate, intensify, and free his thoughts; an inspiration, as it is termed, is felt as the sound of his own voice tells him that his mind is revealing itself. A good deal of this is, I believe, to be explained on the theory, that an act is the proper culminating point of a thought; action facilitated, thought enlarges; action repressed, thoughts become stunted. It may be said probably that that nervous energy employed in thinking finds its happiest exit through those nervous channels employed in muscular movement: however this may be, we know well how muscular movement is the instinctive result of mental suffering or exertion; when sensation is distressed, we draw up our fingers and toes, when the emotions are distressed, we walk about the room; when the intellect has been hard pressed we go out for "a constitutional." A game at foot-ball is the best medicine for hours of study. It is needless to dwell on this old story, the instances are innumerable where physical action frees mental action; why should a child scream when in pain; why should we feel

inclined to talk to ourselves when in grief; why should we say, only let me do something active and I shall be better; if there were not truth in this theory?

But I have said more than that action is the proper vent for thought, I have suggested that expression makes thought itself more easy; that the orator feels increase of mental power as his expressive power increases, and the best explanation which I have for this, is that while body and mind are so incorporated as they are in this life, they seem to act as one force.

Before I conclude this lecture, let me say a few words on what I have called above "functional sense." The more we see of the incipient stages of insanity, and the more we watch that track by which the sane mind becomes insane, the more sensible we must become that a feeling of indescribable distress is in many cases a prominent feature of approaching disease. What is this distress? You see the patient unlike the healthy man, in the fact that every minute is marked by discomfort, restlessness, and irresolution; instead of comfort, serenity, and fixedness of purpose. When you see a man in this state you cannot call it mental disease, for the mind is clear; the emotions even, though affected, are not changed; he loves as he did; he does not lose all hope; he does not covet death. You say to the patient, Are you suffering bodily pain? No! Is there any cause for mental distress? No? What is it then? Oh! I can't say, I feel in low spirits? I *feel* uncomfortable! Everything seems different from what it did! I see everything through a medium of distress! We say the system is out of order; he is whimsical; he is hypochondriacal; he is bilious; he is nervous; or some other phrase which means everything, and defines nothing. Now the avenue by which this state of conscious comfort or distress (which is recognized as neither of physical nor moral origin by the patient), requires a name, and when this name has been approved of, we must give it its due place in the catalogue of the senses. And as I find that the condition of this sense is essentially dependent on the state of the functions of the great organs of the body, the stomach and liver especially; though the skin, blood, kidneys, lungs, heart, and brain itself, have a great share in producing it; I propose to name it the functional sense.

I would place this sense in the mental history, between that which we usually understand by the terms common sensation and mental emotion, for it is more inti-

mately connected with the mind than the senses of the general external surfaces, and its phenomena becomes so confused with the phenomena of mind itself, that it is very often very difficult to discern between this functional sense and the emotion it produces. For example, even when the mind is fully awake we may often perceive a feeling of unhappiness creep over us; we are conscious that we are unhappy. Then, perhaps, comes a pang in the stomach, a relief from flatulence, and we are at ease again. This may seem a ridiculous mode of expressing one's self, but it is graphic and strictly true. This is shewn much more markedly when the mind is not exercising its full powers; when vitality is low, and perception imperfect; in other words, when we are dreaming this functional distress is generally converted into unhappiness. It is well-known how a little dyspepsia becomes the tragedy of a dream. Pinel says that all insanity arises from chilopoietic disturbance, and the more we consider the symptoms and progress of this disease, the truth and force of this observation becomes the more apparent. But disease beginning in the lungs will suffice to produce distress in the functional sense; non-aerated blood will do what non-depurated blood will do. If the respiratory organs are kept in confined and stifling air, the emotions and gradually the ideas become distressing, ailing, and on the road towards disease; if pure fresh air is substituted, they instantly revive.

It might be said, that the sense of the state of our inner man is a well recognised one, it is a part of common sensation. It may be said, these dim and uncertain phenomena, which are called comfort and discomfort, if they were produced and intensified will become pleasure and pain! What need is there of a new name? Now I well know that the very instance which I have given, viz., that of the influence of flatus is a good example of what I put into my adversary's mouth. A little flatus will produce a dim sense of distress and consequent unhappiness; and (the cause not known) the term bad spirits is applied to the sensational distress. Increase this flatulence and a local pain arises quite definite and certain, and we hear no more of the spirits, but of the body being in pain. But though we may be able to trace the connection between these two states, I think that to all appearance they are so different to the subject of them, that they require a different naming. The subject of the one says, I suffer no pain, only depression; the healthful man again says, that he is not conscious of pleasurable

sensation when the functions are acting rightly ; he only feels freedom, elasticity, perhaps he may say comfort. The relative proportion of work given to the sympathetic and cerebro-spinal systems in the two cases of a nervous depression and pain may be very different : (this I would leave to a better physiologist to determine) but even if it could be proved that the nervous channel of perception was the same in both cases, it would not render the less necessary a due and distinct recognition of this "functional sense." Muscular sense is not, I presume, to be accurately distinguished from common sensation, and yet Sir Charles Bell did good service in distinguishing this peculiar sense by which we appreciate weight and resistance. Indeed (if we take a comprehensive view) all the senses may be called but modifications of touch ; in seeing, certainly we are conscious of contact with the reflection of the object, and not the object itself ; and in hearing, the air is interposed between the object causing the shock and the auditory nerve, but all are in one way or other but a part of one system which receives impressions, afterwards to be conveyed to the sensorium.

My great object in naming this sense, is that it might assist in enabling a sufferer to distinguish what it is he is suffering from. For when he suffers distinct pain he can say, this is a state of things which my mind *can* view objectively ;—there is the pain, here is my mind ; I will not allow the one to be subjective to the other, I will master mere pain and rise above it. But when men feel the indescribable distress consequent on functional disarrangement ; in whatever degree it may come, whether as ache, discomfort, a sense of lassitude, a sense of ennui, or a sense only of utterly indescribable trouble, (and these are varying steps from pain to unhappiness, from the physical to the mental), it would require a well informed and powerful mind to rise above the present suffering, to hold it at arms length, and say, I know you to be only a distress of my poor suffering body, you shall not touch my mind ; and I believe it would assist such a mind in such a struggle to have this sense duly recognised and distinguished. The dim indescribable mode of operation of this sense is so mysterious, so not to be touched or localized, and yet so overwhelming that it instantly is identical with the semblance of the invisible or metaphysical world, and becomes confused with the mental. By all means let us do what we can to throw a strong light on the scene where dim sensations and the emotions

they occasion meet ; let us perceive as accurately as we can, the boundaries of the two ; those who witness the mysterious distress in incipient insanity will well know the necessity for this.

I have endeavoured to make a table of nervous acts, or rather I may term them, with the exception of the first head, nervo-mental acts ; and to locate this functional sense between ordinary common sensation and emotion. I will give it here, as it may elucidate my view of the history of this sense. And I hope it will always be borne in mind by those who may criticise me as too much inclined to define and localize, that I am urged to it by the constant contemplation of distress, which without such outlines, become mysterious and difficult of solution.

I.

*Varieties of Nervous Changes or Acts**Where exemplified*

Nervous changes, essentially physical and with which mind has little or no concern	In the organic or vegetable life of man
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II.

Nervous changes which the mind can appreciate and influence, but usually does not	In the involuntary muscular system
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III.

Nervous changes which the mind generally appreciates and influences, but which are clearly external to the mind of the person suffering them, and objective	In special senses. The muscular sense and ordinary common sensation
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IV.

ervous changes which the mind so appreciates and influences that they are with difficulty discerned from changes of purely mental origin	The functional sense
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V.

Nervous changes consequent upon mental changes, and thus purely of mental origin	The sense of the emotions, the ideas, and the intelligential acts, &c.
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The functional sense will from this table be clearly seen to be but a subtle physical state, often mistaken for a state of mental origin.

As a good example of the intimate union between distress of the functional sense and distressing emotion, let me mention the following. A young gentleman said to me some time ago, "I have never known what it was to feel happy, *i.e.* in spirits !" His circumstances were all happy ; his mind had

the best of all supports, in that he peculiarly realized the aid of religion. It was evident to me that what he meant was that he had never felt comfortable, *i. e.* a pleasant condition of functional life. His system had always been far from vigorous. As health improved, his spirits rose. But it seems almost useless to mention what occurs so frequently. I mention it because the state of his mind which was doubting though faithful, anxious though hopeful, suspicious though loving, struck me as a very interesting struggle between what I have termed the inherent and the acquired nature; as well as a striking case of mistaking what was of physical origin for something wholly mental. Many cases of nervousness, or diseased nervous sense (nervous sense being a part of functional sense), would receive much elucidation if this functional sense were duly distinguished and localized. Nervousness is often only an instinctive consciousness of inability in the system to carry out certain acts, which require voluntary nervous and muscular action as their channel of expression. The person suffering from it, feels that his purely mental powers are equal to the thing in hand; he is not conscious of any palpably physical cause to prevent his doing anything he wishes, and yet he knows he cannot act freely. The thoughtful mind is not content with saying I am nervous, it wishes to analyse this feeling and find out what it is. I will take the case of the nervous stammerer as one of the best examples I know of what nervousness will do. This man wishes to express his thoughts; his words are ready, as far as mind can make them so. But mind is unlike a physical force (which manifests itself as soon as it is generated), in that it requires the due agency of another force to express itself, that is, nervous and muscular force; and these, in the case of the stammerer, are not obedient to the mental force. The anatomist would tell you that the form of the organs of speech is perfect; that the muscular system is probably healthy; but the physiologist finds out that the evil is in the nervous system, which is unable at all times through local infirmity to guide the muscles in exact accordance with the will. Anxiety increases this inability for the physical forces (probably at all times hardly equal to the mental commands), are now as it were, over-whelmed by *morbid excess* of mental force; in other words, an excessive desire to speak. This is the mode by which spasmodic speech comes on. But this is not the point I am aiming at; the point is, that the stammerer feels he can speak well and clearly at one

time, and he does speak well and clearly; at another he feels he cannot, and he cannot. This *feeling* is the guide to his real power, and my question is, what is this feeling? whence does it arise? We may call it an instinctive feeling, but this is not explanatory; it really is an impression on the nervous system of its own state, appreciated by the mind, and by which a knowledge of the state of our inner man is gained. This impression of the organic state and this appreciation by the mind I would stereotype by a name and call it "functional sense." It is vain to say it is purely mental, because what I am speaking of includes the impression which informs the mind. The impression of power comes first, the full mental appreciation of that, is second; you might as well call tinnitus aurium mental. It is true that in some cases a mental act may be the source of this impression of power, as where some more than usually ennobling emotion has excited the system, and given it unwonted energy: as for example, the stammerer may be stimulated by an unwonted sense of indignation at seeing cruelty exercised towards another, and in the excitement so occasioned he may dash past all the ordinary checks and find thus a power which surprises him; but this is not what I am speaking of, for this alludes to an exciting cause not to the thing itself; what I am speaking of is, that a man rises one morning as calmly as he does on another, and with no external exciting cause, he is conscious of a greater power to express himself: it is purely physical, he feels a glow, he feels a power; it is the feeling of his inner man, the state of his functional being, which really occasions it all. But then this change so instantly affects his emotions, that except he analyses his feelings carefully, which under such circumstances he is very little likely to do, he only comes to the conclusion that he is in good spirits. I have had it said to me by one whose authority in physiology I submit to, that the sense of power, or the loss of it, is really very much a sense of the state of one's blood, and I sympathize with such an observation; but as the formation, assimilation, and maintenance of the condition of the blood, is only one of the many functions of the body; and as we can continually trace this sense to the functions of special organs, the term functional sense as being comprehensive, commends itself the more to my mind. Hunger and thirst would form a part of the functional sense, though of a somewhat grosser nature; and the consideration of the indescribable and undefinable nature of these sensations may put us on the track of much

of that functional sense, which is still more undefinable and mysterious, and therefore, more confused with the immaterial and mental.

But before I conclude, I would once more draw attention to my special reason for feeling the necessity of recognising this sense more accurately than has hitherto been the case. It is that in those cases of insanity which go through slow and progressive steps, where the mind is gradually passing from the elasticity of health into the first stage of insanity, (which I term *Dysmentia*) we very frequently observe distress in this functional sense as the first thing which fixes our attention. The patient begins to feel an aching or restlessness, he is inclined to wander about, and cannot sit still, he begins to wake early in the morning and lies awake, he says all his thoughts are distressing at this time ; this aching is convertible into unhappiness and dread, (especially when vital power) is low, and thus between sleeping and waking, a horror comes over him. He dresses himself, cold water refreshes him, he comes down a new man ; a little work destroys his elasticity, restlessness comes on again, irresolution, and yet a wonderful and paradoxical resistance of the will of others. The most determinate answer you can get in the matter of physical suffering is, I feel restless and aching. Soon the pleasant storehouse of his mind is broken in upon by the strong hand of disease ; it has disarranged all that order which the master so much valued ; all is confusion, a sense of unutterable exposure and helplessness comes over the mind. But I am entering on what belongs to another picture, viz. ; the consideration of the mind in disease.

In my next lecture I propose to treat, first of *Exmentia* and *Dysmentia* as manifested by intolerable temper, evidently resulting from disease ; great distress tending to suicide ; cases of violence and excitement, leading to extravagant conduct, but all without any particular delusion being developed ; strong and indescribable propensities to what is wrong ; hysterical extravagances, &c., &c. ; in short, cases of unsoundness of mind where the intellect appears to be intact, and the emotions only perverted. Those who have had the care of a large number of lunatics must know of many such cases,—let me only add that what a man says is by no means the only indication of the state of the mind ; the conduct, the aspect, are in truth more subtle tests ; indeed, it is right not to rest satisfied by any protestations of words till the looks have evinced sanity ;

words can be assumed, looks are not so easily assumed, or at least maintained; words, conduct, and expressions of countenances, are various modes by which mind expresses itself; but the looks are more close to the mind than the words. A mad look, therefore, (though almost undescribable to the uninitiated) is never to be overlooked or passed by. Now the conduct and the physiognomy are remarkably indicative of the incipient forms of insanity.

(To be continued.)

On the various Forms of Mental Disorder, (being the substance of Lectures delivered at the York School of Medicine,) by DANIEL H. TUKE, M.D., Visiting Medical Officer to the York Retreat.

(Continued from page 113.)

The Forms of insanity hitherto described have been regarded as naturally referrible to the first class, that, namely, of mental disorders involving the INTELLECT. I now pass on to the consideration of those of the second class, that which comprises the disorders of the MORAL SENTIMENTS. I reserve for a future occasion, some remarks on the distinction between this group of diseases, and that comprehended under the third division, or disorders of the ANIMAL PROPENSITIES.

MELANCHOLIA.

The etymology of this term, and the signification attached to it by the ancients, and by modern writers prior to Esquirol, have been pointed out when speaking of monomania.* It corresponds to the *tristimania* of Rush; the *melancolie*, *phrenalgia*, *luperophrenie*, of Guislain; the *trübsinn*, *tiefsinn*, of the Germans; and the *sadness*, and *melancholy*, of English writers.

Esquirol suggested the word lypomania (*λυπεω* to cause sadness, and *μανια*) in the place of melancholia, but added that he should employ the two words indifferently, believing that custom had consecrated the latter appellation.

"We consider it well defined," he observes, "by saying that melancholia, or lypomania, is a cerebral malady,

* *Asylum Journal*, p. 93.

characterized by partial chronic delirium, without fever, and sustained by a passion of a sad, debilitating, or oppressive character."—A definition sufficiently accurate, if we except the "chronic delirium;" disorder of the intellect not being, as we shall presently see, an essential part of the disorder.

The invasion of melancholy, as of other forms of mental disorder, is variously characterized in different cases. It may be sudden, as when the immediate consequence of grief;* or gradual and long threatened by premonitory symptoms, and perhaps the mere exaggeration of the patient's natural character. Or, lastly, it may be altogether secondary to other forms of insanity, especially to mania.

The first mode of invasion is, compared with the two latter, rare. The incubation of melancholy is generally prolonged, and sufficiently obvious. The subject of it loses his relish for existence, he feels depressed and unequal to the ordinary duties which call him into public life, and in the domestic circle he is more silent than in health, and seeks entire solitude. In the words of the poet :

"He makes his heart a prey to black despair ;
He eats not, drinks not, sleeps not, has no use
Of anything but thought—or if he talks,
Tis to himself." (Dryden.)

Thus while cheerless, moody, and taciturn, he is not idle in mind, for he unceasingly revolves his own desperate condition, which he regards as worse than that of any other person ; although, with characteristic inconsistency, he may regard it as good enough for a wretch like him ; he magnifies every circumstance which can be regarded as of unfavourable omen, and is unable to realize those which are favourable ; he misconstrues every observation addressed to him, and if he read, every sentence appears intended specially for him, if of a gloomy nature.

"The chief propensities manifested," observes Dr. Conolly, "are to indolence and general indifference ; they [the melancholy] read nothing, write to nobody, shun all exertion ;

* Dr. Conolly records the case of a lady who lost her only son, who was her idol, by a sudden and most unexpected death. He dropped down dead in the midst of apparent health. The shock stunned and overwhelmed the unfortunate parent, and for a time, grief alone occupied her. In a few weeks her state became that of deep melancholia, in which she never in any way alluded to her cruel bereavement, but was ever reproaching herself as sinful, unworthy to live, and deserving of eternal condemnation. She became insensible to all ordinary occurrences and affections ; indifferent to her family, inactive and silent, and attempted suicide.—*Lancet*, January, 1846.

remarking keenly on their own altered state,—“Once I was industrious, now I am idle and worthless, the world does not seem as it did to me; everything good seems to have gone out of me.’ Young men and young women may be thus affected; ceasing to be interested in any occupations; averse to going out or into society, and in all the changes and chances of life, neither rejoicing nor sorrowful, neither hopeful nor anxious. One dominant propensity alone is too often active; that of self-destruction.”

As the disorder advances, the melancholiac, ever fearful, is constantly anticipating some dire catastrophe. He casts a continual gloom around him by his groans or sighs, and will frequently sit from morning to night deploring his unhappy lot; and when night comes, sleep, instead of being to him “balmy,” or “tired nature’s sweet restorer,” is frequently clothed in sadness, and only the signal of an aggravation of his disorder. A patient now under care, but not requiring the restraint of an asylum, wakes again and again in the night, oppressed with the most terrible feelings of distress, to which she looks forward in the day with the greatest apprehension. These nocturnal attacks generally last about half an hour, when they subside, and are succeeded by comparative calm. But the early morning is generally the occasion for increased mental suffering. One reason why melancholiacs are almost invariably worse on waking, is probably to be found in the unwonted activity and force which attend all operations of the mind at this period. Every one must have observed the vividness with which suggestions occur to the mind, and ideas irresistibly succeed each other, when conscious, although involuntary cerebration is then first put in action. Authors have owed some of their choicest thoughts and most felicitous expressions to this period of the day. With the melancholiac, his most vivid imaginations happen to be of the sombre class, and becoming intense, after the rest which the brain has had during the night, tyrannize over the feebly opposing power of the will and judgment.

The increased susceptibility of the emotions in melancholia renders its subject in the *early* stage, easily moved to tears by trivial circumstances. The consolations offered by friends are refused as the storm blackens; or at least, are disregarded. “Rarely,” as has been truly observed, “do we succeed in convincing, and never in persuading them.” ‘*I understand well what you say to me,*’ (says a melancholiac) ‘*you speak reasonably, but I cannot believe you!*’

The will of most is inflexible. Nothing can subdue it, neither reasoning, nor the solicitations of the most active tenderness, nor threats. Nothing can triumph over their errors, their alarms, or fears. Nothing can remove their prejudices, their repugnances, or aversions. Nothing can divert them from the engrossing thoughts that occupy their mind and heart, but strong and unexpected shocks, sufficient to attract their attention.”*

All the symptoms now described, with occasional remissions, which generally deceive the patient's friends, have become so aggravated, and he is, to the most inexperienced, so decidedly insane, that he is at last placed under care. Occasionally he is a volunteer, and seeks the tranquillity of an asylum himself.

The association in the same character of a tendency to gloom, and an acute perception of, and love for the ridiculous, is often remarkably exhibited in melancholy lunatics. The author of John Gilpin is a familiar example. Carlini, a French actor of reputation, consulted a physician to whom he was unknown, on account of the attacks of profound melancholy to which he was subject. The doctor among other things, recommended the diversion of the Italian comedy, “for,” said he, “your distemper must be rooted indeed, if the acting of the *lively Carlini* does not remove it.” “Alas!” ejaculated the miserable patient, “I am the *very Carlini* whom you recommend me to see; and while I am capable of filling Paris with mirth and laughter, I am myself the dejected victim of melancholy and chagrin!”†

Such are the most prominent symptoms of melancholia. An Athenian painter of celebrity, upon whose moral nature the fine arts do not, however, appear to have exercised a very humanizing influence, purchased an old man, a captive brought home from the wars, and put him to torture, in order that he might be the better able to delineate the pains and passions of his Prometheus, whom he was then engaged in painting. Upon which, quaint old Burton remarks in his *Anatomy of Melancholy*, “I need not be so barbarous, inhuman, curious, or cruel for this purpose, as to torture any poor melancholy man; their symptoms are so plain, obvious, and familiar, there needs no such accurate observation or far fetched object; they delineate themselves; they voluntarily betray themselves; they are too frequent

* Esquirol, Op. Cit. p. 208.

† Perfect's Annals of Insanity, p. 404.

in all places ; I meet them still as I go ; they cannot conceal it, their grievances are too well known, I need not seek far to describe them." In short, the symptoms of melancholia are so well pronounced when present, and hence so readily recognized, that they do not require to be very minutely described.

Its subsequent course varies mainly, according to the constitution of the patient, his age, the degree in which the disorder is simple or complicated, and the presence of hereditary predisposition to mental disease. It has some tendency to pass into that "tomb of human reason—dementia." "On looking over our general register at Hanwell," (observes Conolly) this circumstance is continually illustrated, a great number of the patients now surviving, and who were marked in the register on admission, as affected with melancholy, being now in that state of entire prostration of the intellectual faculties to which we give the name dementia." The statistics of the Retreat shew that this tendency is much less marked than in mania. Thus out of forty-nine patients who died there, and who had been admitted in a state of mania, sixteen were examples of dementia ; while of forty-eight who died, and who were admitted labouring under melancholia, *only four* died in a state of dementia.

Esquirol states as the result of his experience, that in melancholia the mortality is one in twelve, while in mania it is only one in twenty-five.

He regarded it, likewise, as less curable than mania. The prognosis is much more favourable in simple melancholia, than when complicated with disorder of the intellect. Thus Guislain has found that he cures nine out of every ten of the former class—nearly the whole—but only seven out of the same number of both classes combined. He adds to this statement, "the cure in an ordinary case may last from one to three months ; after that period, all medicine, if the patient is not restored, becomes useless, and even mischievous. The patient's cure, if it take place after this, is due to the effect of nature."*

Haslam observes, "patients who are in a furious state, recover in a larger proportion than those who are melancholic. A hundred violent, and the same number of melancholic cases were selected ; of the former, sixty-two were discharged well ; of the latter, only twenty-seven. Subsequent experience has confirmed this fact." There can be little doubt that these cases of melancholia had not been of the simple

* *Lecons Orales*, vol. iii., p. 79.

form, but had been associated with more or less decided lesion of the intellectual functions. The experience of Haslam has not been confirmed by that of the Retreat; for at this Institution during forty-four years, the mean proportion of recoveries per cent of the admissions was 53·43 in mania, and 54·88 in melancholia. Esquirol states that "a greater proportion of cases of mania are cured than of any other variety of madness." In his statistics, however, he did not distinguish melancholia from the other forms of monomania. But even, as Dr. Thurnam observes "when these two groups are united, the proportion of recoveries from monomania, in this more extended sense, at the Retreat, would still amount to forty-two per cent.; a proportion much nearer to that of recoveries from mania than is generally supposed to occur." He suggests that this apparent discrepancy is to be referred to the circumstance of a larger number of the slighter cases of melancholia having been admitted into the Retreat, than under Esquirol at Charenton.

Physical symptoms. Among the earliest of these are, loss of sleep and disturbed dreams. The digestive organs are frequently deranged; the tongue being unnaturally red or loaded, and the substratum unduly firm, while there is a marked fulness at the epigastrium, and the alvine evacuations deficient in bile. The tongue may in other cases be flabby, pale, and indented at the edges; a fixed dull pain, or an ill defined sense of oppression in the head, is also often complained of. The pulse is not usually accelerated, but slow and compressible. The urine is often pale, sometimes high coloured and depositing lithates. The skin varies, usually harsh, but not unfrequently moist and clammy.

In women, the uterine functions are more or less disordered, and are suspended in the large majority of cases. In men, the reproductive instinct is usually in abeyance.

The description given by Esquirol of the patient's physical condition is as follows, but applies only to a certain number of cases: "In person, the melancholiac is lean and slender, his hair is black, and the hue of his countenance pale and sallow; the surface over the cheek bones is sometimes flushed, and the skin brown, blackish, dry, and scaly, whilst the nose is of a deep red color. The physiognomy is fixed and changeless, but the muscles of the face are in a state of convulsive tension, and express sadness, fear, and terror; the eyes are motionless, and directed either towards the earth or some distant point, and the look is askance, uneasy, and suspicious."

Sometimes melancholy induces a passive attitude ; the arms hang loose at the side, the hands are open, and the muscular system is relaxed altogether ; at other times, grief intensifies the action of the muscles ; the patient's arms are rigidly flexed ; the hands clasped and pressed against his chest, or he wrings them in all the bitterness of despair.

Melancholiacs "complain," observes Dr. Conolly, "when any distinct complaint is made, of uneasy sensations in the epigastrium, in the left hypochondrium, or other parts of the abdomen ; of a feeling of fluttering, drawing, gnawing, or tearing. They even refer a sense of terror to the epigastrium, accompanying a feeling of having done wrong, without knowing what. These sensations sometimes alternate with uneasiness referred to the forehead and occiput, or to the portion of the head corresponding with the superior and lateral boundaries of the occipital bone."

In regard to the comparative frequency of melancholia, it comes next in order to mania. At the Retreat, 45 per cent. of the admissions during 44 years were examples of mania, and 35 per cent. of melancholia. Among the former, however, are included cases, in which the two forms alternated, but in which mania predominated. At Ghent, of 100 admissions during a series of years, 35 were maniacs, while 25, or one quarter, were the subjects of melancholy. Dr. Parchappe found at his asylum, at Rouen, that 42 per cent. of the admissions were maniacs, while 25, the same proportion as at Ghent, were melancholiacs. We may, therefore, calculate that about a quarter, probably rather more, of the admissions into asylums for the insane, afford examples of melancholia.

Melancholia may be simple ; complicated ; acute ; chronic ; remittent ; or intermittent.

I. Simple form. There is here no disorder of the intellect, strictly speaking ; no delusion or hallucination. It is the *melancolie sans délire* of Etmuller and Guislain ; the *lypemanie raisonnante* of Esquirol, and the *melancholia simplex* of Heinroth.

As there is not unfrequently a misapprehension of what Dr. Prichard intended to comprise under the term "moral insanity," I am especially anxious to state in this place, the relation which simple melancholia bears to this form of mental alienation. It appears to be very generally supposed that by this term, only those disorders are to be understood in which the animal propensities are under the influence of morbid action, without any aberration of the intellectual

faculties. This is not only wrong in theory, but it occasions much practical mischief. If moral insanity be only spoken of and recognized when vicious acts are threatened or committed, it is natural that the doctrine of moral insanity should be brought into disrepute, or altogether disregarded; and that a very erroneous idea should be attached to its area and limits. But if it can be shown that the disorder at present under consideration may co-exist with a sound condition of the purely intellectual part of our mental constitution; the proposition of the existence of what Prichard termed (somewhat unhappily) moral insanity, will not stand out in such prominent relief in its relation to vice, nor run so perilous a risk of being regarded as the mere apology for crime.

Dr. Prichard himself expressly says, "the term which I have adopted as designating this disease, (moral insanity,) must not be limited in its use to cases which are characterized merely by preternatural excitement of the temper and spirits. There are many other disordered states of the mind which come under the same general division. In fact, the varieties of moral insanity are, perhaps, as numerous as the modifications of feeling or passions in the human mind. The most frequent forms, however, of the disease are those which are characterized either by the kind of excitement already described, or by the opposite state of *melancholy dejection*." And, again, the same writer observes, "A considerable proportion among the most striking instances of moral insanity, are those in which *a tendency to gloom or sorrow is the predominant feature*. When this habitude of mind is natural to the individual, and comparatively slight, it does not constitute madness. But there is a degree of this affection which certainly constitutes disease of mind, and that disease exists without any illusion impressed upon the understanding. The faculty of reason is not manifestly impaired, but a constant feeling of gloom and sadness clouds all the prospects of life. The individual, though surrounded by all the comforts of existence, and even, (exclusively of his disease,) suffering under no internal source of disquiet, at peace with himself, with his own conscience, with his God, yet becomes sorrowful and desponding. All things, present and future, are to his view involved in dreary and hopeless gloom."*

"I meet every day," observes Guislain, "with melancholics who do not exhibit any disorder in their ideas, or lesion

* Treatise on Insanity, p. 18.

of the judgment." Melancholia "is exclusively an exaggeration of the affective sentiments; it is in all the force of its signification a *gemüthskrankheit*, in the sense in which the word is employed by German psychologists. It is a pathological emotion, a sadness, a chagrin, a fear or dread, and nothing more. It is not a condition which sensibly weakens the conceptive faculties."*

Simple melancholy then, as is so emphatically laid down by these writers, may exist in association with normal action of the intellectual functions, and is therefore fairly illustrative of what Prichard called moral insanity. Here however, the doctrine is not fraught with consequences so important to society, nor does it interfere with the prejudices of mankind to a like extent as when applied to the diseased workings of the propensities common to us and to the lower animals. And yet, if it be admitted and every writer of authority does admit that a profound melancholy for which the patient is irresponsible, is not inconsistent with the normal operations of the intellect, we are called upon to admit no *new* doctrine in mental pathology, when asked to believe that a like condition of the intelligence may co-exist with a homicidal propensity; in however small a proportion of cases this may actually occur.

There is occasionally a very marked physical disturbance immediately preceding attacks of mental depression. I have a patient who describes the sequence of her sensations with singular minuteness: the first in the series, being a sense of intense oppression at the heart, which appears to her to extend gradually upwards, and is followed by extreme dejection of mind. It is to such cases that the Professor of Ghent refers when he says, "There is a melancholy which I call *anxious* or *pneumo-mélancolie*, on account of the disturbance of the thoracic organs. The distress which the patient suffers, sometimes resembles attacks of suffocation. Sometimes this condition is associated with hysterical symptoms, but generally this is not the case. It is sometimes preceded by a painful feeling, which the patient refers to the region of the heart. This state may last two or three months before decided mental disorder is manifest. The patient loses his sleep; he is harassed with gloomy ideas; his features become altered; anguish accompanied with vague forebodings, announces the *début* of the malady." He adds, "this variety of melancholy scarcely passes in some cases beyond the character of moral insanity. It is then

* *Leçons Orales*, vol. i. p. 112.

free from all disturbance of the intellectual powers, so that the patient unceasingly complains to those who enjoy his confidence that he is afraid he will lose his mind. I have known patients who have lived two or three years in this condition, without having ever offered the least derangement of the understanding, still less of the ideas. . . . It may be the precursor of an attack of epilepsy; it constitutes the prodromic stage of suicidal insanity. It is not uncommon in females at the climacteric period."* It is the *precor-dialangst* of Dr. Flemming.

Nostalgia, home-sickness, may be regarded as a variety of simple melancholia. Army surgeons see the most of it: In six years, 1820-6, no fewer than 97 soldiers in the French army fell a sacrifice to this disease. Young men and those from the country are more liable to be thus attacked than older men, and those accustomed to city life. The inhabitants of mountain districts, the Highlander and the Swiss, are observed readily to droop and become nostalgic when abroad. Gavin, however, quotes from Dunlop, the fact that the only two examples of nostalgia which occurred to him were, in a recruit, a country lad, from the fens of Lincolnshire, who died of the disease; and in a London pick-pocket, whom he saw in 1824 in the hulks at Sheerness.

There are misanthropical and love-sick forms of melancholy which here may be enumerated, but do not require any special description. The latter rarely attains to a sufficient degree of intensity to render necessary the restraint of an asylum. Guislain estimates its frequency at one in four hundred admissions at the institution at Ghent. Misanthropical melancholy rarely presents itself to our notice in an uncomplicated form, so severe as to constitute mental disease; but as has been justly observed, an aversion to human society, a desire for solitude, and a repugnance to the pleasures of the world, constitute the very essence of all melancholy.†

Hypochondriacal melancholy, is by Guislain classed under the head of melancholy without disorder of the intellect, that is, simple melancholia. It is, however, so very generally accompanied by decided delusions, that it will be more convenient to consider it under the complex form.

II. Complicated melancholia, or melancholy with decided disturbance of the intellectual faculties. (*Mélancolie avec délire, la mélancolie délirante*, of French writers.) This, I

* Op. Cit. vol. i. p. 128.

† Leçons Orales, vol. i. p. 125.

believe, to be more common than the simple form. Guislain, however, states that in his experience they are of equal frequency. Of each form, about thirteen per cent of the admissions are admitted into his asylum at Ghent.

Hypochondriacal melancholy. Much confusion exists in regard to the the boundary line between what is popularly called hypochondriasis and genuine mental disease; and in truth this confusion arises in great measure from the inexact limit which separates the one from the other in nature. In a particular case it is often impossible to determine the precise period of the supervention of cerebro-mental disease. Guislain goes further than most writers, in including hypochondriacal symptoms under insanity. "Hypochondriasis," he observes, "is a disorder of the affective faculties; most certainly an alienation. This is proved by the affection being transformed into other mental diseases."* He divides it into two classes, *bodily* and *mental*. Patients afflicted with the former, "believe themselves invalids and in suffering. They believe they have every infirmity, and every complaint. They experience all the diseases which they hear mentioned. They apply to doctors, to charlatans, to druggists, to quacks, in order to have the disease explained to them, and to obtain remedies, which they generally take with avidity." He estimates that two patients out of every hundred, are admitted at Ghent in consequence of this condition: of course in an advanced stage.

On this subject Esquirol observes, "How numerous are the cases of melancholy which have succeeded hypochondriasis. How many melancholiacs are there who in particular recognise lesions of the abdominal viscera as the causes of chronic maladies. Hence we give to these affections the appellation of *hypochondriacal melancholy*."†

To comprehend clearly what relation hypochondriasis bears to melancholy, and the distinction which is to be drawn between the former as employed in its loose popular signification, and those closely allied forms of indisputable mental disease now under consideration, it will be convenient to consider the symptoms of hypochondriasis, and the sense in which the word has been employed.

Authors have divided hypochondriasis into three stages; the following are for the most part adopted by M. Dubois, in his work specially devoted to the investigation of this disorder.‡

* Op. cit. vol. i. p. 119.

† Esquirol Op. Cit., p. 215.

‡ Histoire Philosophique de L'Hypochondrie, par M. Dubois, p. 291.

1. Concentration of all the patient's attention upon his own maladies. Mental disturbance, excited by the most trifling sensations. Curable.

2. Anxiety of mind increased; and constant fear of death harasses the patient. If the digestive organs are more particularly the seat of complaint, he suffers from gastralgia, constipation, dysphagia, &c.; if the organs of circulation, palpitation, dyspnœa, throbbings of the arteries, and buzzings; if the sensations are general, inertia, langour, sweats, and flying pains. Often also, the patient has special delusions and illusions respecting his physical condition. Recovery possible.

3. Aggravation of all the symptoms, chronic inflammations of various viscera, and structural changes, especially of the digestive system. (*Sæpissimè cum viscerum abdominalium disorganisationibus conjunctum.* Richter.) Next in frequency, are affections of the thoracic organs. Symptoms sufficiently decided to make it certain that there are serious organic lesions. Recovery almost hopeless. *Tunc prognosis quemadmodum in morbo ferè semper materiali organico, sæpissimè infausta.* Jahn 196. Haase 293)

"Hypochondriasis is," observes Dubois, "generally a serious disease, because it is the result of causes often permanent or difficult to remove. In the first and second stage, the patient may recover his health completely, and that in a few days. In the third, the prognosis is extremely grave; nearly all the resources of medicine are limited to the employment of certain palliative means."*

The division into the preceding stages is somewhat arbitrary; the first and second may, however, be conveniently distinguished from the third, for it is important that the student should remember that hypochondriasis may be associated with actual and fatal diseases, however much the sensations may be exaggerated by the patient. On clearly distinguishing between these stages of the disorder—that in which there is, and that in which there is not, organic disease—his success in prognosis will depend.

Hypochondriasis is thus graphically described by Sydenham. "Nor are the unhappy sufferers from this disease, affected and shaken in body only—shaken so, as like a ruined building to appear upon the eve of falling—but their mind is sickened more than the body. An incurable despair is so thoroughly the nature of the disease, that the very slightest word of hope creates anger. The patients believe that they have to suffer all the evils that can befall humanity; all the troubles that

* Op. Cit., p. 330.

the world can supply. They have melancholy forebodings. They brood over trifles, cherishing them in their anxious and unquiet bosoms. Fear, anger, jealousy, suspicion, and the worst passions of the mind, arise without cause. Joy, hope, and cheerfulness, if they find place at all in their spirits; find it at intervals, "few and far between," and then take leave quickly. In these, as in the painful feelings there is no moderation. All is caprice. They love without measure, those whom they will soon hate without reason. Now they will do this, now that; ever receding from their purpose. That which the Roman orator remarks upon the superstitious, squares with the behaviour of the melancholy; "sleep is naturally the refuge from all labour and anxiety; from the sleep of the superstitious, however, cares and fears originate." So also here. All that they see in their dreams, are funerals and shadows of departed friends. Thus they are racked both in mind and body, even as if life were a purgatory, wherein they expiated and paid the penalty of crimes committed in a previous state. In all this, it is neither the maniac nor the madman that we write about, saving and excepting the hallucinations aforesaid; those who thus suffer, are persons of prudent judgment,—persons who in the profundity of their meditations and the wisdom of their speech far surpass those whose minds have never been excited by such stimuli. Hence, it is not without reason, that Aristotle has observed that melancholy men are the men of the greatest genius."*

Cullen defined hypochondriasis to be "*dyspepsia, cum languore, mæstitia et metu, ex causis non æquis.*" The same authority observes, "In certain persons there is a state of mind distinguished by the concurrence of the following circumstances: a languor, listlessness, a want of resolution and activity, with respect to all undertakings; a disposition to seriousness, sadness, and timidity: as to all future events, an apprehension of the worst or most unhappy state of them; and therefore, often upon slight grounds, an apprehension of great evil. Such persons are particularly attentive to the state of their own health, to every, the smallest change of feeling in their bodies; and from any unusual feeling, perhaps of the slightest kind, they apprehend great danger, and even death itself. In respect to all these feelings and apprehensions, there is commonly the most obstinate belief and persuasion."

Upon Cullen's description of hypochondriasis, Bosquillon makes the observation, that, "*Hypochondriasis commences always with an affection of the sensorium commune; dyspepsia*

* Sydenham's Epistle Dedicatory, section 75.

is only the *consequence* of this; hence, hypochondriasis may terminate in those maladies which announce that the sensorium is affected."

Dr. Watson observes, "One of the worst concomitants of dyspepsia is, that peculiar state of the mind to which I just now alluded, under the name of *hypochondriasis*. This is in truth a species of insanity."*

The seat of the disease has been warmly contested. It has been referred to the digestive organs by Galen, Aetius, Cœlius Aurelianus, Rhases, Broussais; and by Villermay, an author who for a life-time paid special attention to this subject, and whose work upon it and hysteria, published in 1832, may be consulted with advantage. This view has been opposed by the following writers, who regard the nervous system as primarily at fault in hypochondriasis; Willis, Sydenham, Cullen, Tissot, Pinel, Falret, and Voisin.† And it is undoubtedly the more correct one; at the same time universally applied, it is too exclusive; for in many instances disorder of the digestive system is the origin of the mental affection, which latter is cured by the relief of the former.

Georget's opinion is expressed decidedly, and is in accordance with that of the writers last mentioned.

"Hypochondriasis" says he, "is a disease of long duration, apyretic, much more painful than dangerous, which appears to us to depend primarily upon an affection of the brain, and to extend from thence, as it were, to other organs. We know nothing more certain in regard to its nature."

Dubois, while agreeing essentially with Georget, thus expresses his own sentiments:

"In regard to the essential nature of hypochondriasis, we assert that in this disorder, it is the intellectual power which, in the beginning, constituting itself in some manner the proximate cause of the accidental symptoms, goes on to disturb the action of the organs subject to the vital principle." "There is this difference between Georget and us, that a kind of unknown, inappreciable, entirely hypothetical condition of the cerebral organs, has been made by him the *point de départ* of hypochondriasis; whilst we only admit as the origin of this disorder, a particular choice of ideas." Elsewhere he speaks of "this predominance of ideas, as the first cause of all the disorders [of hypochondriasis.]"

But on what does this "predominance" of certain ideas depend? So far as it may exist without cerebral disease,

* Principles and Practice of Physic, vol ii., p. 449.

† Dubois, Op. Cit. p. 337

whether functional or organic, it may only partake of the character of a false induction; but this predominance, and "particular choice of ideas" cannot go beyond a certain point, without involving the condition of diseased brain, to which Georget refers.

We must then recognize as simple hypochondriasis a disease entirely distinct from insanity, in the conditions which attach to it, however nearly allied it may be in its nature and seat. A reference to the stages of hypochondriasis will shew how closely the symptoms *essential* to the disease, border on insanity; and how some of those enumerated by authors, as of frequent occurrence, are inseparable from unsoundness of mind. Thus we have "often special delusions and illusions regarding the patient's physical condition," "an incurable despair," &c., &c. Hence it is quite evident that authors have described under the same name, a disease, which according as it assumes a mild or a severe form, may present very different aspects when viewed from a medico-legal stand point; and which in its former phase may be regarded as simple hypochondriasis, but which in the latter may properly be termed hypochondriacal melancholy; or melancholy, the prominent symptoms of which are of a hypochondriacal nature. To ascertain in particular cases when the one begins, and the other ends, is doubtless often a problem, the solution of which will task all the acuteness of the psychologist; but the difficulty is not perhaps greater than that of deciding in some cases, where what is popularly understood as melancholy ends, and the genuine melancholia of psychologists, begins.

Hypochondriasis may certainly exist with this latter, and of course melancholia may be present without hypochondriasis; but the two are frequently combined, and for this combined morbid condition, I do not know that there is any better phrase than hypochondriacal melancholy. In simple hypochondriasis the patient fears, without any sufficient reason, that he will soon die in consequence of his supposed complaints; but when insanity more decidedly supervenes, he fears that he will be poisoned or have his life terminated by other violent means. Again, in simple hypochondriasis, the patient exaggerates the importance of a trifling, but probably, an actual ailment. When, however, there is well marked cerebro-mental disease, he will invent the most absurd and impossible maladies that can be conceived, and become possessed with delusions which will leave no doubt as to his insanity.

Thus a patient, to whose case I shall shortly refer, gravely

attributed the eructations from which he suffered, to the three frogs mentioned in the Revelation of St. John.

While, however, as in this instance, the character and grossness of the patient's conviction will lead us to decide upon his insanity; in others, this opinion may be formed from collateral circumstances. Thus it may happen, that in two cases the error under which the patient labours will be precisely the same, and yet we may be justified in arriving at the conclusion that in the one, the false conviction is, and in the other it is not, the result of cerebral disease; this opinion being formed independently of the character of the delusion, from a consideration of various facts, proving the existence of cerebro-mental disorder.

The case of Buranelli, who was executed for murder in 1855, was a remarkable illustration of the ill defined boundary line which often separates these affections, and of the difficulty which exists when this occurs, and when the case involves the question of criminal responsibility, of deciding upon the existence of cerebro-mental disease. The medical evidence given at this trial may, in connection with this subject, be advantageously read in the *Journal of Psychological Medicine*, July, 1855.

Great importance was attached by Esquirol to the distinction between hypochondriasis and melancholia. The chief points to which he refers are, that melancholia is more frequently *hereditary*; that melancholiacs are born with a peculiar *temperament* which disposes them to the disease; that the causes which produce it are usually *moral*, whilst those of hypochondriasis are generally *physical*; that in melancholia, ideas contrary to reason are fixed, and are sustained by a depressed condition of the feelings; while in hypochondriasis there is no lesion of the intellect, although the patient is constantly frightened at the dangers which threaten his life; dyspepsia is also present. And M. Michea, who has written a treatise on hypochondriasis, concludes that this affection must be regarded as without the pale of insanity, so long as the depression of mind is not the consequence of a delusion (*idée fixe*), so long as it has not for its exclusive object an extreme fear of death, and so long as it yields promptly to consolations offered, and to reason.

Many of the observations now made in regard to the relation which hypochondriasis in a simple form, bears to hypochondriasis complicated with decided cerebro-mental disease, apply to hysteria when regarded from the same point of view. Hysteria is not insanity. But there is a form of mental

disease in which aggravated hysteria constitutes a prominent symptom; and which, except in degree, can with difficulty be distinguished, in some cases, from simple hysteria.

It may here be observed, that hypochondriasis and hysteria have been regarded as identical diseases by Piso, Hygmore, Sylvius, Sydenham, Boerhaave, Van-Swieten, Lorry, Tissot, and other medical writers.* They have been distinguished, however, by Celsus, Paulus Œginéta, Stahl, Cullen, Pinel, Villermay, Georget, and others; and there are undoubtedly many distinguishing signs. Thus, while hypochondriasis affects both sexes, but principally the male; hysteria affects the female sex almost exclusively; while the mode of invasion of the one is slow and gradual, that of the other is characterized by sudden attacks; while the former is marked by the symptoms already described, there is usually present in the latter the *globus hystericus*, a facial expression better known than described, and attacks of partial or complete unconsciouness, convulsions, spasms, and even lock-jaw.

Some remarkable instances are on record in which intense mental emotion has appeared to be followed by changes in particular structures, in relation to which the emotion was excited; and which would seem to suggest the probable course which some cases, at least, of hysteria and hypochondriasis, may have taken. As some of these may seem too remarkable to be easily credited, I will refer to a case well known to myself, that of a highly respectable and most intelligent lady, in which this phenomenon was exhibited. This lady was one day walking past a public institution and observed a child, in whom she was particularly interested, coming out through an iron gate. She saw that he let go the gate after opening it, and that it seemed likely to close upon him, and concluded that it would do so with such force as to crush his ankle; however, this did not happen. "It was impossible" she says "by word or act, to be quick enough to meet the supposed emergency; and in fact I found I could not move, for such intense pain came on in the ankle corresponding to the one which I thought the boy would have injured, that I could only put my hand on it to lessen its extreme painfulness. I am sure I did not move, so as to strain or sprain it. The walk home, a distance of about a quarter of a mile, was very laborious, and on taking off my stocking I found a circle round the ankle, as if it had been painted with red-currant juice, with a large spot of the same on the outer part. By

* Dubois, *Op. cit.* p. 336.

morning the whole foot was inflamed, and I was a prisoner to my bed for many days."

Now if, as in this instance, a powerful emotion, directed into a certain channel, can result in such marked physical changes, without the agency of any local cause, is it not highly probable that, in some instances, the firm conviction of an individual (it may, or may not be, the consequence of cerebral disease) that he has; or is about to have, some particular disorder; and the constantly dwelling upon and dreading it, may produce, by some mysterious power, the very disorder upon which his apprehensions are concentrated?

Melancholy may be complicated with many other delusions besides those we have considered in connection with hypochondriasis. Some of these have unavoidably attracted our attention when speaking of delusional insanity. Many insane persons have hallucinations, and very definite delusions of a gloomy character, in regard to what is going to happen to them. Doubtless, in the large majority of cases, the delusion derives its tone entirely from the disorder of the affective faculties. Be this, however, as it may, the patient no longer suffers from simple melancholia; the disease is compound; the integrity of the understanding is impaired.

Religious melancholy, (*melancolie religieuse*, *monomanie religieuse* of French writers) may, or may not, be associated with disturbance of the intellectual faculties. It so frequently is so, that it may most properly be considered in this place. But it may be well to observe, that Dr. Prichard draws from thence some of his illustrations of "moral insanity."

Many patients become victims to the most gloomy fancies, and the conscience becomes so morbidly acute, that

"Night-riding incubi
Troubling the fantasy,
All dire illusions
Causing confusions;
Figments heretical,
Scruples fantastical,
Doubts diabolical—"*

are incessantly presented to the mind, and life is rendered intolerable by perpetual misgivings as to the propriety of the most trifling circumstance. Or the patient may be unceasingly engaged in devotional exercises. An Irish priest in the Bicêtre kneeled so constantly, that his knees were almost completely anchylosed, the skin also becoming as tough as leather.

* Works of Charles Lamb, vol. 1, p. 31

The following description from Dr. Conolly, while referring to melancholia in general, has special reference to the religious variety. "The intellect" he observes, "is usually clear and composed; unable only to resist the morbid depression, or the hopeless delusions that spring from and feed it. The elevating, adorning, and comforting power of the imagination, seems to be extinct; no hope points to the future, or lends enchantment to the view. * * * They accuse themselves, without any truth, of having disgraced their families, or having ruined them, or having destroyed their children; or of having sinned against the Holy Ghost, or lost God's favour for ever; or assert that eternal punishment, or annihilation which they consider a worse doom than hell, is to be their portion."

I may illustrate this form of insanity by an interesting case, in which the religious depression, and the delusions springing out of it, were intimately blended together. The patient, a gentleman of highly cultivated mind, (with hereditary predisposition, and the father of three sons more or less deranged,) believed himself doomed by an irrevocable decree to eternal flames. He imagined that an entire change had taken place in the state of mankind, that all, except himself, had entered upon a state of bliss, but that he was reserved for everlasting torments, as an atonement for the sins of the whole world. He stated, that he had heretofore entertained the same views as others in regard to the character of Jesus Christ, namely, that His sufferings had obtained a general atonement; but that he had now found that Christ was a triumphant, *he* a suffering, Saviour. He now perceived that the Scriptures, and many other books, were full of predictions respecting himself; that the accounts of Cain, Esau, etc., although historically true, had a relation to him; that he was the son of perdition, the scape-goat, the man of sin, spoken of in the Bible; that, in fact, both the Old and New Testament were full of predictions respecting him. When dissent to such views was expressed, the patient would respond, "Oh, I know you will deny it, you are bound to deceive me. I do not mean voluntarily, but from the fictitious state of your own existence. You are only the *corpse*, the remains of yourself. It is, to be sure, idle to talk of my state to you, but the heart that is full, seeks, though in vain, to vent itself." When the individual thus addressed, assured him, that he had as firm a conviction of his existence in the same state of body that he had always been in, as he could possibly have respecting the mysterious change which he supposed we had all undergone; and that, as he, (the patient) was quite *singular* in his opinion, he must

allow, that there was the strongest possible evidence against the correctness of his views: "I would admit it," replied he, "if there were another human being in the world but myself; but, alas! all the appearances of existence in persons and things around me are fictitious; all are enjoying felicity but myself. I only am reserved to endless torment. Everything has changed its aspect. Objects around me are no longer seen in perspective, but appear flat, and raised one above another like a Chinese drawing. Spring will no more return." When a confident belief was expressed that Spring would return, and a hope that it would remove his apprehensions, "They are not apprehensions," he replied with earnestness, "they are *convictions*; but if Spring does return, and resume its usual appearance, (I don't mean a few crocuses and snow-drops,) I will acknowledge myself in error." At the close of an interview with this patient, who was not then in an asylum, "It may seem strange," he said, "to ask you to visit me again, but I shall be glad to see you, for even the shadows, the resemblances, of those we know, are pleasant amongst strangers."

The power of self-control was singularly illustrated by a circumstance which occurred in the course of this case. At the very time when he could not restrain the expression of his gloomy feelings before his wife, and could not attend in the least to his family affairs, he paid a visit to the poet Southey. Subsequently, the poet, who was cognizant of his guest's mental infirmities, expressed to the patient's wife the satisfaction he experienced in seeing him so well; and added, he never knew him reason more clearly. On the wife repeating this to her husband, he exclaimed, "Why, you know, I could not think of shewing my weakness before *him*." The unintentional *confession* of his weakness, is also an interesting feature in this reply.

The enquiry into the connection between religion in its various forms, regarded as a *cause*,* and the production of religious melancholy, is one of great interest, and opens a wide field for observation; but I shall content myself with quoting a few excellent remarks, from an able writer

* At an early period of his observation,—before the spread of infidel principles in France—Pinel calculated that about one-fourth of the cases of insanity with the causes of which he was acquainted, were due to excessive religious enthusiasm; while at a later period, Esquirol found that in upwards of 600 lunatics in the Salpêtrière, this was the cause in only 8 cases, and in 337 admitted into his private asylum, this was supposed to be the cause in only one instance. In the place of religious, political excitement was a fruitful cause of insanity.

upon this subject. "If," observes Dr. Combe, "the best Christian be he, who in meekness, humility, and sincerity, places his trust in God, and seeks to fulfil all His commandments; then he who exhausts his soul in devotion and in prayer, and at the same time finds no leisure, or no inclination for attending to the active duties of his station, and who so far from arriving at happiness or peace of mind here, becomes every day the further estranged from them, and finds himself at last involved in disease and despair, cannot be held as a follower of Christ, but must rather be regarded as the follower of a phantom assuming the aspect of religion. When insanity attacks the latter, it is obviously not religion that is its cause, it is only the abuse of certain feelings, the regulated activity of which is necessary to the right exercise of religion; and against which abuse, a sense of true religion would in fact have been the most powerful protection. And the great benefit to be derived from knowing this, is, that whenever we shall meet with such a blind or misdirected excess of our best feelings in a constitutionally nervous or hereditarily predisposed subject, instead of encouraging its exuberance, as at present we often do, by yielding it our respect and admiration, and even attempting to imitate its intensity; we shall use every effort to temper the excess, to inculcate sounder views, and to point out the inseparable connection which the Creator has established between the true dictates of religion, and the practical duties of life, which it is part of his purpose in sending us here to fulfil; a conviction, it may not be superfluous to add, which it is impossible to pourtray or enforce more strongly, than is done in the lives both of the Founder of Christianity and of his disciples."†

The exciting cause of religious melancholia is sometimes to be traced to the fiery denunciations of a well-meaning but injudicious preacher. It is remarkable, that even in pagan times, Marcus Aurelius made a law condemning to banishment those "*who do anything by which men's excitable minds are alarmed by a superstitious fear of the deity.*" If the modern authors of such fearful results are not themselves to suffer banishment, it is heartily to be wished that the *practice* were entirely banished from the pulpit.

Melancholia, as has previously been stated, may be *acute* or *chronic*; and this, of course, may be the case, whether it be simple or complex. The term *acute*, as applied to dementia, has reference in general, rather to its duration

† Obs. on Mental Derangement, 1831, p. 191,

than to its character; just as we often speak of acute rheumatism, (the symptoms of which may be mild,) to distinguish it from the chronic form. When applied to melancholia however, the term conveys in most instances, a correct impression of its character; and when exhibited in this active phase, it is truly distressing to witness.

I have now in my mind a case very illustrative of this condition; and I mention it here, not as in any way remarkable, but simply as a type of the class. The patient, possessed of good general ability, and a skilful artist, would sit crouched for hours, covering his face with his hands, bitterly bemoaning his lot; at other times silent, with the exception of groans and sighs. His suffering appeared to be most acute. His expression was intensely sad; the facial muscles fixed, as if by spasm, and altogether expressive of concentrated grief. But while exquisitely sensitive to his condition, he never wept; a reference to the causes of his dejection never caused a tear, but only an obstinate rejection of all proffered consolation. This complete absorption in grief, tyrannized over, rather than extinguished his purely intellectual faculties. His power of recollection was as acute as ever, but he recalled the sorrows, and not the pleasures of memory. The comparing faculty was in action, but only engaged itself upon contrasting his former happy, with his present miserable condition. His judgment was still good, except when he judged himself to have more cause for grief than any one else in the world; and as to his reasoning powers in general, it was a case in which, to a very great extent, the patient reasoned correctly enough, only from false premises. His perceptive faculties were sufficiently quick, but he perceived only the dark side of his case. His imagination was but too active in painting all the sufferings which awaited him. In short, he was full of fears, devoid of hope, and seemed as if he 'would not if he could be gay.' This patient died of phthisis, and till within a few moments of his death, manifested the same acute symptoms of melancholia.

Chronic melancholia is but too frequently the sequence of the acute condition. It often alternates with mania, and its tendency to pass into dementia, has already been noticed. The disorder may also be decidedly intermittent.

All the varieties of melancholy are disposed to be remittent; and it is generally observed, that the remission takes place in the latter part of the day, the patient suffering the most acutely early in the morning, and for some hours

subsequently. This circumstance affords a useful practical hint, in those cases which have a suicidal tendency.

Causes of Melancholia. "The moral affections are," observes Esquirol, "the most frequent cause of melancholia. Disappointed affection, jealousy, fear, which is the perception of a future ill, or one which threatens us; and fright, which is the perception of a present ill, are the passions, which produce the greatest number of melancholiacs, particularly in youth, among women, and in the lowest classes of society: whilst ambition, avarice, wounded self-love, reverses of fortune and gaming, are the most frequent causes of insanity among adults and men of mature age, in the higher classes of society, and in those countries whose customs and institutions foster all the social passions. The depressing passions are most generally the cause of melancholy with disorder of the intelligence. At one time they act slowly, and by repeated attacks progressively fatigue the organs, and steel, so to speak, the sensibility. The enfeebled mind, then supports with difficulty, any opposition; and man becomes fearful, because he is feeble and highly sensitive. At another, the moral affections, lively and abrupt, suddenly overwhelm the sensibility, and at once throw the patient into melancholy."

Esquirol investigated and ascertained the causes in 482 cases. Now, if we except hereditary predisposition (110 in 482), we find that there were 207 produced by direct moral causes, and only 165 by physical. The former, were:—domestic troubles, 60; reverses of fortune and consequent misery, 48; disappointed affection, 42; jealousy, 8; fright, 19; wounded self-love, 12; anger, 18: total, 207.

Inasmuch as the causes of melancholia are predisposing or remote, proximate or exciting, these distinctions cannot be (and the above writer fully asserts it) applied with precision to this or that cause; for it often happens that those causes which we call predisposing, are exciting; and *vice versâ*.

"The exciting causes alone, seem to have been sufficient to provoke the malady. Usually however, there is a concurrence of the two orders of causes. A first event, predisposes to the disease; a second causes it to break forth."

The *physical* causes in the above 150 cases, were distributed as follow: suppression of the catamenia 25; critical period of life, 40; consequences of parturition 35; fall upon the head 10; masturbation 6; libertinism 30; intemperance 19. Total 165. These statistics must, however, be cautiously received, and not valued at more than

they are worth. For example, "libertinism" although classed under the physical causes, cannot be separated fully from the thousand moral influences which a course of dissipation involves. Nor again can "the reverses of fortune, and its subsequent misery," referred to the moral causes, be entirely separated from the bad diet or starvation, which of themselves, interfere with the nutrition and vigorous action of the cerebral organs.

Dr. Conolly observes, that it is difficult to avoid concluding, as cases of melancholia are so frequently met with, about the period of the cessation of the catamenia, that the cerebral disturbance is generally connected with some morbid state of the uterus. Melancholia also will occur, "after several hæmorrhagic attacks, in which there is a constant sense of weight in the situation of the colon, with pain apparently in the sigmoid flexure, and occasional hæmorrhage from the bowels. There is in such cases, severe mental despondency, and inability to decide upon anything, and a loss of all hope and joy, and religious confidence. Spasms of the lower extremities, and hysterical lameness, sometimes become complicated with this state. In some such cases the colon is partially displaced: although in the few examples of this displacement observed at Hanwell, the mental symptoms have not been uniform."

Dr. Conolly's conclusion is, that, "remembering the same invasion of despondency lasting for a year or two, is not at all uncommon in men as well as women, when between 40 and 50 years of age, this state would seem more probably to depend upon some general alteration in the circulation, or some climacteric change in the brain itself, at that time of life when both physical and mental commotion, in some shape or other, seem peculiarly incidental to the human constitution."

In regard to the influence of the seasons, it was observed at the Salpêtrière, that the admission of melancholiacs was greater during the months of May, June, July, and August; and in respect to the influence of age, it was found at the same institution, that melancholy is frequent between the age of 25 and 35, that after this period it diminishes in frequency, and rarely appears after the age of 55. The same result was shown by statistics drawn from the wealthier classes.

From melancholia, we may turn to the consideration of the *opposite* condition of the same group of the affective

faculties, a condition to which the terms *Amenomania* and *Chæromania*, have been applied by French writers.

There is very generally, so intimate a connection between those examples of delusional insanity, in which the delusion is of a gay and elevated character; and those exalted states of the feeling, which we proceed to consider, that the two are rarely separated. They may be so, however; and it therefore happens of necessity, that in the description of the various forms of mental disorder, we shall come upon the same phenomena, when engaged on very different forms of insanity. Thus, when our attention was specially directed to delusions, it was impossible to avoid a reference to those cases in which the patient believes himself a king, or the Deity; and in the consideration of the present division, we necessarily meet with cases, in which the exalted state of the emotions led to these delusions. The student cannot be too often reminded of the close relation which thus subsists between false conceptions, and a morbid condition of the sentiments; of which latter, the former may only be symptomatic. He must consider in each particular case, which is primary, and which is secondary, in the order of morbid mental phenomena. For it is needful that he should never forget, that convenient and necessary as are classifications and divisions, for the purpose of facilitating the comprehension of the multi-form phases of insanity, which, without them, would present a more rude and undigested heap than is at present the case; nature herself cannot be so precisely limited; and that, in her book, as opened to him, in the wards of an asylum, he must be prepared to find a combination, a blending, if not a confusion, of the elementary forms, which it has been our endeavour to illustrate.

But, while this is true, it may be doubted whether he will be more perplexed, and disappointed in this discovery; than when, after mastering the typical forms of disease in general, as presented to him in his medical text book, he goes to the bedside of a patient, and in looking for the presence of every symptom as detailed under the appropriate head, he discovers that the disease is provokingly different from (indeed not half so good as) its description. But a more enlarged experience will teach him to apportion to his teachers a juster and a higher meed of praise. He will then employ their writings as a help, an index rerum, but not as a substitute for individual observation of disease, as it is actually to be seen in nature. This individual labour, no

description or classification of diseases, ever did, ever will, or ever ought to supersede. Rhases, ten centuries ago, averred that "he who does not form in his mind a clear conception of the nature of diseases before he enters the chambers of the sick, will find, that from ignorance and misapprehension, he will confound one complaint with another—for this obvious reason, that he has come to his task unprepared and uninstructed."

When Esquirol restricted the term, melancholia, to its present popular signification, he applied that of monomania, at least the affective class of monomanias, to examples of exaltation of the sentiments. Thus he observes, "The melancholiac fastens upon himself all his thoughts, all his affections; is egotistical, and lives *within* himself. In monomania, on the contrary, the sensibility is agreeably excited. The gay and expansive passions react upon the understanding and the will. The monomaniac lives *without* himself, and diffuses among others the excess of his emotions. The physiognomy of the monomaniac is animated, changeful, pleasant, the eyes are lively and brilliant. The monomaniac is gay, petulant, rash, and audacious. The melancholiac is sorrowful, calm, diffident, and fearful. The former takes a great deal of exercise, is talkative, blustering, pertinacious, and easily irritated; nothing appears to oppose the free exercise of all his functions. The latter opposes every movement, dissembles, excuses or accuses himself; the functions are accomplished painfully and slowly . . . Such are the essential differences between melancholia and monomania, so clearly pointed out that we need not confound these two pathological conditions, nor impose upon them the same name, if we desire precision in medical language."

It is customary to speak of a monomania of pride, of vanity, etc. and French authors have *la monomanie vaniteuse*, or *Narcisse*; and *la monomanie ambitieuse*, or *orgueilleuse*, or *des riches*, or *des grandeurs*.

The former is described by Guislain in the following terms: "It ordinarily manifests itself under the form of a tranquil mania, which exhibits the patient infatuated with his beauty, his graces, his mind, his dress, his talents, titles and birth. These lunatics love to see themselves in the glass, and to deck themselves out; sometimes they display an astonishing art in varying their attire, although their wardrobe may be very scanty; they invent new fashions, they arrange their hair tastefully, and they study to set themselves off to advantage by attention to their toilet, person, and figure."

I am acquainted with such a case at present ; a patient who has no very decided delusion, but who is influenced by the most exalted notions respecting himself : his every gesture, and expression, and conversation, display his diseased self-love, his "monomanie vaniteuse," associated, however, with great intelligence, and an extent of knowledge, of which many who are sane might be justly proud. He constantly boasts of his "descent from one of the best families in the United Kingdom," "a family of note," and that his family have in their possession "three different coats of arms, finely emblazoned on parchment." His "maternal blood is equally good." He is intensely sensitive to everything which can by any possibility be construed into a slight of himself, and the omission of any of the most trivial accustomed marks of respect, is tortured into intentional incivility. The studiously arranged dress, the self-satisfied attitude, and the buoyant step of this patient, are all in keeping with the sentiments which are present in such morbid excess.

Not unfrequently, however, these several forms are confounded with general mania, when from their partial character, and from the small degree in which the succession of ideas is confused, they may properly be distinguished from genuine mania. Esquirol complained of this confusion. "Writers have not observed the difference between monomania and mania ; because of the excitement, susceptibility, and fury, of some monomaniacs." "Amongst monomaniacs, the passions are gay and expansive ; enjoying a sense of perfect health, of augmented muscular power, and of a general well-being, this class of patients seize upon the cheerful side of everything ; satisfied with themselves, they are content with others. They are happy, joyous, and communicative. They sing, laugh and dance ; controlled by vanity and self-love they delight in their own vain glorious convictions, in their thoughts of grandeur, power, and wealth. They are active, petulant, inexhaustible in their loquacity, and speaking constantly of their felicity. They are susceptible and irritable ; their impressions are vivid, their affections energetic, their determinations violent ; disliking opposition and restraint, they easily become angry, and even furious."

But while thus distinguishing monomania, from melancholia on the one hand, and mania on the other, a caution may be entered against falling into the error of supposing that a strictly speaking monomaniacal state is of frequent occurrence ; on the contrary it is exceedingly rare. Foville

has stated that his experience only afforded two or three examples of it. The term need not, however, be used in this exclusive sense ; all that need be implied, as Baillarger has remarked, is that a marked predominance of certain feelings or ideas exists, in the magic circle of which, the individual is unmistakeably mad, while without it, he is as rational as most people. If more than this be looked for, the student will often think he has discovered polymania, when he has been told that the patient offers an example of monomania.

Guislain estimates the frequency of the monomania of pride at 1 in 300 admissions, exclusive of cases of general paralysis with which extravagant ideas respecting wealth are so frequently associated.

Religious Excitement is less common than the opposite condition, that of religious melancholy or depression. It not unfrequently succeeds it. It has been estimated that only one per cent. of cases of excitement assume this form. It includes the *theomania* of Esquirol.

The observations made when speaking of melancholia, in regard to the relation it bears to the "moral insanity" of Dr. Prichard apply equally here ; and we find this writer giving the following excellent description of religious excitement, as illustrative of disorder of the moral faculties without lesion of the intelligence : "A person" says he "who has long suffered under a sense of condemnation and abandonment, when all the springs of hope and comfort have appeared to be dried up, and nothing has been for a long time felt to mitigate the gloom and sorrow of the present time, and the dark and fearful anticipations of futurity, has passed all at once from one extreme to the other ; his feelings have become of a sudden entirely changed ; he has a sense of lively joy in contemplating the designs of Providence towards him, amounting sometimes to rapture and extasy. Such a change has been hailed by the relations of the individual thus affected, when they have happened to be pious and devout persons, as a happy transition from a state of religious destitution to one of acceptance and mental peace ; but the strain of excitement is too high, the expressions of happiness too extatic to be long mistaken : signs of pride and haughtiness are betrayed, and of a violent and boisterous deportment, which are quite unlike the effects of a religious influence, and soon unfold the real nature of the case ; or it is clearly displayed by the selfishness, the want of natural affection, the variableness of spirits, the irregular mental habits of the individual. In the cases to which I have

now referred, there has been no erroneous fact impressed upon the understanding, no illusion or belief of a particular message or sentence of condemnation or acceptance specifically revealed ; a disorder so characterized would not fall under the head of moral insanity.”*

Most authors, and especially Heinroth, have referred to this form of mental disorder, those characters of antiquity who professed to foretell future events, as the Pythia at Delphi, Cassandra, etc. It is probable, however, that they are examples of a different mental condition, to some extent analogous to that of modern “second sight,” and the so-called state of animal magnetism.

Some of the founders of religious sects may with more probability be regarded as the subjects of religious insanity ; and have in some instances been themselves the dupes, when censured for having duped their credulous followers. Irving in modern times is a familiar illustration of the class. To what extent Mahomet was also an example, offers an inquiry of great interest, but cannot in this place be discussed. I may, therefore, refer to a work entitled, *Mahomet considéré comme aliéné, par le docteur Beauv*, in a report to the Royal Medical Academy, by Dr. Renauldin.

“Among monomaniacs” observes Esquirol, “some believe themselves to be gods ; pretend to be in communication with Heaven ; assure us they have a divine mission ; and present themselves as prophets and soothsayers. We call them theomaniacs. Plato admitted a form of insanity, produced by inspiration, and regarded it as a gift of the gods. Divine breath animated both prophetesses and sibyls, and inspired them with a knowledge of the future. Areteus and Cælius Aurelianus also admitted a holy delirium. The monomania of enthusiasm, melancholia enthusiastica of Paulus Cægineta, belongs to the same variety of delirium. This class of monomaniacs think themselves excited, agitated, and enlightened by a supernatural power. From ancient times enthusiasts and inspired persons have not been wanting. Paracelsus believed that he carried his familiar in the hilt of his sword. The enthusiasts of the Cevennes believed in the declarations of some that pretended to be inspired, who boasted of their power to predict future events, and of being acquainted with the profoundest mysteries. These persons had convulsions.”

* Treatise on Insanity, p. 20.

Insanity and Demoniactal Possession.

Our attention as reviewers has been drawn to the above subject by two papers published in the *Journal of Psychological Medicine*, the one by the Rev. Joseph Souter, chaplain to the Essex County Asylum; the other by the Rev. J. May, chaplain to the Hanwell County Asylum.

It must be confessed that the subject is worn almost thread-bare, and these gentlemen have thrown little new light upon it, but it is interesting to read the remarks of chaplains to two large asylums, who have had similar opportunities of observation, and who have arrived at different conclusions.

Mr. Souter considers that the demoniacs mentioned in the New Testament were lunatics, and that insanity and possession by devils are convertible terms.

Mr. May refutes this opinion, and thinks that even at the present day there is an analogy between the demoniacs and the insane.

We differ in opinion from both these gentlemen, and it will be our object to shew that insanity and demoniactal possession are distinct things. First let us examine Mr. Souter's doctrine. Aware of the delicate ground upon which he is treading, at the conclusion of his paper he thus addresses "a large class of persons whose scruples he wishes to respect," and he says that in their opinion, "his view of the subject would go far to deprive our Saviour's most wonderful works of all that made them miraculous—and that he can scarcely flatter himself that any argument of his will carry conviction to their mind." What Mr. Souter's view of the subject is, and upon what arguments it is founded, we shall presently examine—but why this apology? It is made for this reason: because Mr. Souter was aware that he held opinions in common with Socinians of the present day, and because he must have known that the denial of the doctrine of the demoniactal possessions of the New Testament was the foundation of German rationalism. We give this as the reason for the apology, but we by no means wish to blame Mr. Souter for holding opinions, which he appears conscientiously to have adopted, and which were held by the learned Dr. Lardner, to whose works Paley is no little indebted, and which opinions have also been held by many worthy men since the time of Meade.

Mr. Souter speaks of demoniactal possession as a disease

which never appeared before the time of our Saviour, and which may never appear again; but unless Mr. Souter be correct in the opinions which he entertains, the sacred historians do speak of possession by the devil as something distinct from lunacy existing at the time of Christ, and church history verifies the fulfilment of the predictions made by our Saviour to his disciples, "in my name they shall cast out devils."

But let us consider some of the objections against this doctrine urged by Dr. Lardner and his followers. The great object of these writers is to shew that the word demon means a mere evil influence, and Mr. Souter has taken great pains in endeavouring to prove this: he says, "he never read of one single case possessed by Satan, the actual, the real διάβολος but by δαίμονες, or δαιμόνια—evil influences proceeding from the prince of evil." To this objection Mr. May properly answers that by δαίμονες were always understood, both by Jews and Christians, and also by heathens, real spiritual beings; and it is not supposed that Satan himself, for he is not omnipresent, but his emissaries were the agents who caused the affliction we are discussing; and further, he states the opinion in which we perfectly coincide, "that the word δαιμόνιον in the septuagint version, is always used in reference to spiritual beings, and not to mere influences." No doubt the word δαίμονες has been used in different senses. The Greeks understood the word to mean a lower order of gods, who interceded with the gods for the benefit of man, and who carried on the government of the terrestrial world. The demons who were the objects of heathen worship, were for the most part human beings who, for some real or imaginary excellence were exalted to the rank of gods as Isis and Osiris, Hercules and Bacchus. Besides these, there were supposed to be evil demons who afflicted men and animals with suffering and disease. Josephus adopts the notion that demons were the souls of the wicked, and that they entered into the bodies of demoniacs; and some of the early fathers considered demons to be the offspring of fallen angels and the daughters of men. Although it must be understood that in some passages of the New Testament, it is impossible to distinguish possession from disease, yet in other passages there is a plain distinction; perhaps the most striking one is, that which occurs in Matthew iv., 24, "They brought unto him those which were possessed with devils, and those which were lunatic δαιμονιζόμενοι and σεληνιαζόμενοι," the former word in

the Hebrew translation is rendered אָחֲזָה שְׂדִים seized, laid hold of, or possessed with demons; this word is used to express objects of idolatrous worship in Deut. xxxii., 17, Psalm cvi., 37. The Hebrew translation of *σεληνιαζόμενοι* is as literal as possible from יָרָה luna, but is not the word used to express madness in the Old Testament; thus in 1 Samuel, xxi., and in Deut. xxviii., 28, the word is derived from שָׁנַע and in Isaiah, xlv., 24, the word used is derived from הָלַל all of which words have a signification totally distinct from Satanic possession. But the context makes the sense more evident than the translation, and derivations of particular words. To quote a few passages where a distinction is clearly made between disease and possession.

“They brought unto him all that were diseased, and them that were possessed with devils.” Mark i, 32.

“And he healed many that were sick of divers diseases, and cast out many devils.” Mark i, 34.

“They brought unto him many that were possessed with devils: and he cast out the spirits with his word, and healed all that were sick.” Matt. viii, 16.

“He called unto him his twelve disciples, and gave them power against unclean spirits, to cast them out, and to heal all manner of sickness, and all manner of disease.” Matt. x, 1.

“Heal the sick, cleanse the lepers, raise the dead, cast out devils.” Matt. x. 8.

“Unclean spirits, crying with loud voice, came out of many that were possessed with them: and many taken with palsies, and that were lame were healed.” Acts viii, 7.

So plain is the meaning of these passages in the New Testament, that the only way in which the advocates for the identity between disease and possession can explain it, is by asserting that the expressions are figurative, and that the Evangelists made use of language common among the Jews of their day. Mr. Souter does not agree with those who think that our Saviour, and his followers, described insanity as demoniactal possession out of regard to the prejudices of the Jews; for as he very properly remarks, this solution of the difficulty implies that Christ and his disciples deliberately countenanced an opinion which they knew to be false; and fostered superstition, though their object was to proclaim only truth. But he regards the expression, demoniactal possession, as figurative. The same kind of objection is urged by the Socinians, against the doctrine of the personality of the Holy Ghost. The Socinians interpret the passages in scripture which prove this as applying to mere spiritual influences emanating from God;

so Mr. Souter considers that everything which the Evangelists predicate of demons, is perfectly easy of explanation, on the supposition that the *δαίμονια* were not personal existencies. It is true, he says, that they are spoken of as casting their victims into the fire, &c. But every language has forms of expression analogous to this. It is just what we should expect in an eastern language, that the words and deeds of a man acting under the impulse of insanity, should be attributed, not to the man, but to the influence by which he is impelled."

Such is the explanation; but let us proceed to consider whether the instances given in the New Testament of demoniacal possession, will warrant any such interpretation.

Take the example of the demoniacs in the country of the Gergesenes, a country which, as Stanley, in his *Sinai and Palestine*, (p. 411) informs us was peculiarly frequented by demoniacs, even as late as the third century.

It is true that some of the symptoms correspond with those met with in the insane, but others differ, both in degree, and in kind. In degree, for although the insane when restrained, as formerly, by straps and gloves, and strait waistcoats, were able to break through all such fetters, yet we have never heard of an instance of a madman often bound with chains, who was able to pluck them asunder with the ease described by the Evangelist. Dr. Lardner gets out of the difficulty by saying that the chains rusted: but if so, much time must have elapsed; for he was often bound with chains, and the disease would have become chronic, and therefore would not have exhibited the fierceness of an acute attack. The symptoms differ in kind, for we find all the demoniacs speaking nearly in the same manner as those of the Gergesenes. "What have we to do with thee; art thou come to torment us before the time?" This is not the incoherent raving of a maniac; nor is it the delusion of a lunatic. The demoniacs do not differ from each other, as the insane differ; had these been insane, they would have behaved to Christ in the manner in which their particular delusion prompted them. But not only were their minds free from delusion, but they exceeded in the accuracy of their knowledge, even some of the disciples themselves. The permission given to the legion of devils to enter the swine, proves the same thing. Lardner would have us believe that the two demoniacs drove the swine into the sea; but this is, I think, too forced a solution of the difficulty to impose upon any one, and the passage does not admit of such an interpretation. Even Mr. Souter admits that there are very consider-

able difficulties in the way of that interpretation, which would represent demoniactal possession and insanity, as one and the same. The distinction between the two, will be further evident (to use the words of the learned Dr. Whitby) from many circumstances relating to the devils to be cast out, as that Christ suffered not the devils to speak because they knew him to be the Christ; that they said "Thou art the Christ, the Son of God." That they expostulate with Christ, saying, "What have we to do with thee, art thou come to destroy us?" They pray that He would not torment them; they ask his leave to enter into the swine, and being entered, hurry them down into the sea; and beg that they might not be sent out of the country; that they acknowledge that their name is legion, there being many of them which possessed one man. Now to make all these sayings the effects of a disease, or to conceive that Christ spake thus to a disease, is too great an evidence of one that is himself diseased."

We abstain from speaking of the varieties of demoniactal possession mentioned in the New Testament, of the various instances in the works of Jewish historians, and the early fathers, which might be adduced as proofs against Mr. Souter's assertion, that possession is, "a disease which never, that we know of, appeared before" the time of Christ, as these subjects are sufficiently notorious, and we pass on to Mr. May's enquiry respecting the analogy between demoniactal possession, and ordinary insanity.

Mr. May's opinions correspond very much with those of the learned professor of Hebrew, who in his sermon on patience and confidence, preached before the University, thus expresses himself. "It is not meant to assert positively that all insanity is the effect of demoniactal agency, but only to protest against the arbitrary limitation of that agency to the Gospel period. Thoughtful and reverend observation will leave no doubt that much termed insanity (as in cases of many suicides, but also in others) is in fact Satanic repossession of the house, which has been swept and garnished."

Dr. Pusey makes no distinction between demoniactal possession and certain cases of insanity and suicide. Mr. May considers that there is some analogy between them; but neither one nor the other draws any distinction between corporeal and spiritual possession.

Spiritual possession is analogous to the reprobate mind of the wilful sinner; allusion to which is made in the exhortation to those who would partake of the Holy Communion. Corporeal possession gradually ceased after the preaching of the

Gospel. Cassian, who was ordained Deacon by St. Chrysostom, and who died A. D. 435, says, "Satis tamen nobis, et experientiâ nostrâ, et seniorum relatione compertum est, non eandem vim habere nunc dæmones quam anteriore tempore. Col. vii, 23." The admission of "pious frauds" into the teaching of the early Church, was the origin of much evil, and in after times led to the invention of many miracles, the stain of Romanism; chief amongst these is exorcism. The wonders mentioned in the works of Sulpicius and Martinus are equalled by those recorded of Magdelaine de Palha, and her sister Loyse. But we have no time to dwell upon the supposed miracles of exorcism.

If it be adduced as an argument in favour of demoniactal possession in modern times, that the church retains the seventy-second canon; it may be answered that this canon expressly forbids any minister, under pain of the imputation of imposture and cosenage, and deposition from the ministry to cast out any devil or devils without the license of the bishop of the diocese; and that practically exorcism ceased in the Anglican Church when our reformers in their review of the Liturgy in the fifth and sixth of Edw. VI, omitted the form of exorcism used in the baptismal service. If Dr. Pusey has failed to draw a distinction between corporeal and spiritual possession, Mr. May, in attempting to make a distinction between ordinary and extraordinary possession, has been led into conclusions which, if it were not impossible to carry them into practice, would be highly mischievous; speaking of the results which might be expected from the inquiry. "Is there any analogy between demoniactal insanity and ordinary insanity?" he says such an investigation may also help to throw some light on the difficult subject of the responsibility of the insane, by exhibiting the two-fold influences which probably are at work within them, and by combining the knowledge they possess of the nature of any particular act with the power of resisting the temptation to its commission, we may be led to some more satisfactory mode of judging of the guilt of criminal lunatics than we yet seem to possess."

It was long attempted to adapt the doctrines of phrenology to criminal responsibility, but this attempt has not been renewed since the trial of Oxford; but the spiritualist theory of Mr. May would lead to greater uncertainties than at present prevails in the diagnosis between crime and insanity, as it would be necessary to investigate in every case, how much was due to satanic, how much to voluntary, and how much to diseased impulse; questions which might with

propriety have been investigated by the council of priests in the time of Jeremiah, or by the Sanhedrim; but the depths of which, the uninspired of modern days cannot fathom; and if we are correct in our opinion, that insanity is something distinct from demoniacal possession, inspiration would be unnecessary.*

M. A., Oxon.

* The following is from a sermon, entitled *Hell on Earth*, by the Rev. Charles Kingsley.

"But it is impossible surely to read this story without seeing that the Bible considers evil spirits as distinct persons, just as much as each one of us is a person, and that our Lord spoke to them and treated them as persons. They put the furious and despairing thoughts into the heart of the man possessed; they spoke through his mouth; they made a slave and a puppet of him. But though he could not distinguish between his own soul and the devils who were in it, Christ could, and Christ did.

The man says to Him, or rather the devils make the man say to Him, "If thou cast us out, suffer us to go into the herd of swine, and drive us not out into the deep." What did Christ answer him? Christ did not answer him as our so-called wise men in these days would, 'My good man, this is all a delusion and a fancy of your own, about your having evil spirits in you—more persons than one in you—for you are wrong in saying *we* of yourself. You ought to say 'I,' as every one else does; and as for spirits going out of you, or going into a herd of swine, or anything else, that is all a superstition and a fancy. There is nothing to come out of you, there is nothing in you except yourself. All the evil in you is your own, the disease of your own brain, and the violent passions of your own heart. Your brain must be cured by medicine, and your violent passions tamed down by care and kindness, and then you will get rid of this foolish notion that you have evil spirits in you, and calling yourself a multitude, as if you had other persons in you besides yourself.'

And one who spoke in this manner nowadays would be thought very reasonable and very kind. Why did not our Lord speak so to this man? For there was no outward difference between this man's conduct and that of many violent mad people whom we see continually in England. We read, that this man possessed with devils would wear no clothes, that he had extraordinary strength; that he would not keep company with other men, but abode day and night in the tombs, exceeding fierce, crying and cutting himself with stones, trying in blind rage, which he could explain to himself, to hurt himself and all who came near him. And, above all, he had this notion, that evil spirits had got possession of him. Now every one of these habits and fancies you may see in many raging maniacs at this day. But did our Lord not treat this man as we treat maniacs in these days? &c."

The Treatment of the Insane without Mechanical Restraints.

By JOHN CONOLLY, M.D., &c. &c. London, Smith, Elder, & Co. 8vo. pp. 380.

A work on the treatment of the insane from the pen of the accomplished physician and scholar, who has devoted his life to the realization of the object of the work, cannot fail

to attract the attention of all who are interested scientifically or personally in the welfare of the insane. The treatise may be regarded with interest from several points of view, as an essay on a difficult and important question of medical science, as a record of an event which will hold a conspicuous place in the history of philanthropic effort, as a statement of personal claims to honour, or a noble victory over ignorance and prejudice, and we are sorry to add as a legacy to future generations of the experience and mature opinions of one who feels that he has arrived at the period "*aut jam urgentis, aut certe adventantis senectutis.*"

There are few of our readers who are not already well acquainted with the barbarities practised upon the insane in quite recent times. The history of the abominable cruelties which were rife in the mis-named hospitals for the insane at York, and Bethlem, do not require to be repeated to them; but to the general public the statement of the treatment of the insane, as it exists at present, could not have been depicted in colours vivid and true, without the relief afforded by the dark back-ground of the terrible past.

It may indeed be objected that the altered state of feeling now prevalent among civilized nations, in regard to the infliction of pain, and the neglect of the wretched, would have rendered the old inhumanities of the mad-house impossible, even had the abolition of the mechanical restraints upon the insane never been developed into a system of treatment. The United States of America afford a darker and even more recent example of cruelty and neglect in the treatment of the insane, than either England or France, the countries from which Dr. Conolly draws his illustrations. In America, the non-restraint system has not obtained general assent, and yet the severities and negligences which were recently of common occurrence, have been superseded by a system of cure and treatment, which however imperfect in some respects it may still be, is undoubtedly eminently skilful and humane. But who shall say what influence the system of Conolly, has not exerted, even in institutions and in countries where its technical and literal adoption has been resisted. To strive after a great example and perfect success, without the hope, or perhaps the intention of attaining unto it, is the lot of the majority of mankind in most things. The model farm influences unconsciously the most ignorant holder of a hundred acres in Devon or Dorset; and the humanity of English gentlemen

in regard to the treatment of criminals, makes itself felt even in the Bagnios of Naples.

As a statement of Dr. Conolly's personal share in the establishment of the non-restraint system, the present work was much needed. Like many other persons who have laboured to establish any great improvement in the opinions and usages of men, Dr. Conolly was opposed and abused as an innovator and an enthusiast so long as his success was uncertain, and his work imperfect. But when complete success had crowned his efforts, his merits were questioned and denied. All he had done was said to have been done before, and men who commenced by denouncing the non-restraint system as impossible, finished by declaring that they had practised it before it was advocated even by Conolly, or by Hill. Even so recently as in our April number of last year, we found it needful to disprove by quotations from the reports of the visitors of the Hanwell asylum, the most incorrect statements of the chairman of those visitors, Mr. Pownall, that the non-restraint system had not been introduced into that institution by Dr. Conolly, but by Sir W. Ellis. In the account of the abolition of mechanical restraints at Hanwell, (p. 28,) from the fourth part which contains copious extracts from the Hanwell reports, Dr. Conolly has stated with impartial fairness, not only the share which his predecessors at the York Retreat and at Lincoln, but that which his coadjutors at Hanwell had in the introduction of the new system, while at the same time he proves from irrefragable evidence, that the system was perfectly novel at Hanwell, and that it displaced one characterized by the abundant and harsh use of mechanical restraints by day and by night, on the sick, the epileptic, and the infirm; and that in fact the statement that the new system was introduced by Sir W. Ellis, was the reverse of true.

We are glad to observe the estimation in which Dr. Conolly holds the judicious use of seclusion, which he designates as a medicine, and the high importance which he attaches to padded rooms: "the real substitutes for restraints in very violent cases, offering indeed an auxiliary, without which it is questionable whether or not restraints could be entirely dispensed with in any large asylum."

"Many English superintendents speak of seclusion as something worse than mechanical restraint; seeming to forget that it is as much adapted to secure an irritable brain from causes of increased irritability as a quiet chamber and the exclusion of glare, and of many visitors, is adapted to the same state of brain in a fever. The patient needs repose, and every object, or every person seen, irritates him. No physician of experience in cases of insanity can be

unacquainted with the tendency to exhaustion and death in all recent cases of violent insanity—a tendency which struggling with restraints, or the continued excitements unavoidable in a crowd of lunatics, greatly increases, and which silence and rest can alone obviate. It is often seen that the mere moving of the cover of the inspection-plate in the door of a patient's room, if not cautiously done, rouses the patient from tranquillity, and causes him to start up and rush violently to the door. When let alone he lies down again. Seclusion gives him the benefit of tranquillity, by removing at once every cause of excitement. He sits in his own bed-room instead of sitting exposed to a crowd of patients. The superintendents who condemn seclusion as if it were a mere punishment would find, I believe, if they passed more hours in their wards, that by many an afflicted patient, silence and retirement are the blessings most anxiously desired."

The author has some excellent observations upon the manner of receiving patients, and upon the duty of night attendants, and we observe that he recommends a little tobacco to be given to a patient at all restless at night; by this and other attentions the patient "is refreshed in body and soothed in mind, blesses his visitors, bids them good night, and falls asleep, and thus the cries and howls which disturb the wards are heard no more." We recommend the employment of tobacco for this excellent purpose to the attention of the Dublin Reviewer on Asylum management, who blows an annual counterblast to what he calls "the filthy weed."

Dr. Conolly contrasts "the highly accomplished medical men," who now compete for Asylum appointments, with the medical officers, with which such appointments were usually filled before the introduction of the new system of treatment. The latter were "such as were merely unfit to engage in private practice, ill-educated men of illiberal views, and opposed to every improvement." The duties were formerly those of coercion, they are now those of scientific treatment. We trust that the class of English superintendents will long continue to deserve the author's warm and well merited eulogy. But it cannot be denied that there are dangers ahead, and that the increasing tendency of superintendents to employ themselves in the mere duties of stewards and farm bailiffs, to the neglect of the more noble duties of their professional calling, may occasion a retrograde movement to the very state of affairs, in which Dr. Conolly found Hanwell.

"When the employment of the patients was put too prominently forward as a source of pecuniary profit, whilst every item of expenditure was kept as low as possible to avoid the charge of unnecessary extravagance." "Hence arose the evils of an inadequate number of badly paid attendants, with the result of constant confusion, quarrels, and escapes. The cleanliness of the patients was neglected, their clothing was defective, and their diet was scanty, the ventilation was deficient, and the building was offensive, countless panes of window glass

were replaced by squares of tin or iron, straw beds with all their accompaniments of mice and vermin were extensively used, and attention to patients unable to take care of themselves was lamentably wanted." "The small number of attendants, their low wages, and consequent inefficiency, made a continual resource to mechanical means of coercion and security necessary; and over these means they had unlicensed control. In some of the wards, especially on the female side, the nurses were worse dressed and wilder looking than the generality of the patients; and the scenes daily witnessed were what might be expected."

Such was the condition in which Dr. Conolly found the great metropolitan asylum when he first took charge of it. A condition which he does not impute to cruelty, or even to indifference on the part of the management; but which he traces to the more noxious influence of a false economy. More noxious because greater and more permanent evils often result from the misapprehension of a good principle than from unquestionable faults, and from practices and negligences altogether wrong.

On the medical or direct treatment of the insane, the author says that "it is not the particular object of this work to speak." He does, however, express some opinions thereon which coming from a physician of his great authority and experience, will attract the respectful attention of all persons employed in the treatment of the insane. We are sorry to find that the learned author thinks the direct application of therapeutical means most unsatisfactory. Although we perfectly agree with him that "the virtues of a long list of articles selected from the pharmacopeia, appear to be most confidently recounted by those who have had the fewest opportunities of putting them carefully to the test in large institutions," we are strongly of opinion that a small list of active therapeutical remedies frequently afford the happiest results in the treatment of the insane; and that therapeutical means are scarcely more limited in their curative influence upon recent diseases of the brain, affecting the intellectual functions, than upon any other large class of visceral diseases. Is the proportion of recent cerebro-mental disease in which therapeutics are unavailing below that which obtains in diseases of the heart, the lungs, or the kidneys? We think not; although a peculiarity of the former class of diseases may induce many persons to express a different opinion. A large part of all serious diseases which yield to the influence of remedies, although apparently cured, leave behind them a residuum of organic imperfection, which entails the liability to re-establishment of disease upon slight causes. Now such organic imperfection of the heart, the kidneys, or the lungs, may, and constantly does, exist

without disqualifying those who suffer therefrom, from performing all the ordinary duties of life; but such imperfection of that part of the brain upon which the mental functions depend, cannot exist without producing a marked alteration in the character of the individual, and disqualifying him from the satisfactory discharge of citizen and social duties: and hence it results that the absolute curability of mental diseases is placed below that of renal and cerebral diseases, while the probable truth is, that the absolute and unconditional curability of cerebro-mental diseases, is at least as great as that of some other organs of the body.

Dr. Conolly's discouraging views on the therapeutics of insanity are founded upon his incredulity respecting any certain knowledge of its pathology.

"If the limitation of the direct therapeutical means applicable to mental disorders is so unsatisfactory, it is to be ascribed to the extreme obscurity in which the origin of cerebral disturbance is involved, and to the narrowness of our knowledge of the mental functions of the brain. In a great majority of cases of mania and melancholia, the condition of the brain in the commencement of the malady is entirely unknown; all conjecture about it is vague, and dissection reveals nothing. In older cases, the appearances found after death are the consequences of an anterior disturbance, of the nature of which we cannot always form a reasonable conjecture. In cases in which we are justified in concluding that a vitiated condition of the blood is the immediate cause of the disturbance of the brain, and in others in which plethora, or inanition and debility, are the evident causes, our indications of treatment are clearer. But even in these cases, as in all others, we speak of increased or diminished nervous energy as manifested in certain results, the nature of which is dimly comprehended by the most diligent mental physiologist."

We are glad, however, to observe that he thinks there is reason to hope that the zeal with which mental physiology is now cultivated, will eventually throw more light upon the structure and offices of the nervous system, and lead to results of great importance to medicine and mankind.

There is one remedy whose employment in asylums has recently caused so much painful discussion, that the opinion upon it of so eminent a physician as Dr. Conolly is of great practical importance.

"Cold Water," says Dr. Connolly, "poured upon the head is sometimes of signal service, and patients will resort to this mode of relief of their own accord. The full use of the shower-bath can only be cautiously obtained by repeating the shower at short intervals, (in a bath supplied by a cistern) and until decided prostration ensues. Employed in the ordinary manner, its effects are rather exciting than depressing."

Instances are not unfrequent in the early stages of mania and in acute delirium, which present all the symptoms of active cerebral congestion. Such we apprehend to be the cases in which Dr. Conolly would recommend the use of the shower-bath until decided prostration ensues. We have for some

time preferred the use of the *arrosoir* to the shaven scalp, the water passing through a flexible tube to a perforated rose like that of a watering-pot, which is held immediately over the head; the body of the patient being at the same time immersed in a warm bath.

Active cerebral congestion can by these means be reduced with much less distress and terror to the patient, than by the employment of the shower-bath; refreshing sleep frequently follows, and we have in many instances, seen the most acute symptoms give way, and the cure of the patient without doubt, effected by this remedy alone. In one instance, however, a patient died immediately after his removal from this kind of bath, and we are inclined to avoid the odium at present attached to baths in asylums, by reducing the cerebral circulation when the head is hot by means of the ice cap.

We impose our treatment upon the insane without giving our patients the option of accepting or rejecting it. We are the custodians as well as the physicians of those confided to our care. For this reason we are liable to suspicions on the part of the public, unfair and unfounded it is true, but not the less natural. We ought not, therefore, to submit our patients to any species of treatment which has even the appearance of harshness or undue severity. The public repute of psychological medicine is in our hands, and to weaken the faith of the public in its humanity, is to inflict a real injury on the insane, and upon ourselves. On these grounds we recommend the use of ice instead of cold water, to reduce cerebral congestion. Patients may be just as liable to die suddenly under the ice cap, as under the cold shower, but its use will neither frighten the patient nor the public, so much as the now dreaded bath. The cauterizing iron would still in many instances be an efficacious remedy in the hands of the surgeon, but its use for appearance sake is restricted to brutes.

A great portion of the work under consideration, is devoted to the government of asylums, and the moral management of the insane. These subjects are treated with the author's usual elegance of expression and benevolence of sentiment. To the general reader they will present an interesting and wholesome novelty. To the asylum reader they present little which is not already familiar to him in the annual reports which the author issued from the great Metropolitan Asylum. The specialist reader, moreover, cannot fail to perceive a deficiency in the treatment of these subjects as they relate

to him. The author has not, we think, sufficiently grappled with the difficulties of his subject. He has depicted the non-restraint system as it is carried out, under the most favorable circumstances, with a liberal committee, devoted officers, numerous and faultless attendants, and patients whose principal characteristic is an immediate transmutation of disposition on passing from the custody of those who restrained their limbs, to those who set them free. Doubtless in a work whose main object is the advocacy of the non-restraint system to the general public, it is right that the best system should possess the advantage of being represented in its fairest colours. But like all things human, it has its difficulties and its dangers. Committees sometimes prefer economy to the perfection of skilful treatment, and as a natural consequence, attendants are sometimes ill-paid, insufficient in number, and deficient in qualifications; and a stipend of four or five hundred pounds a year, will not always secure a medical superintendent with that force of character, intelligence, and devotion, which employed in the ordinary practice of the profession, would ensure a much better position and a much larger income.

Patients also are met with, who with the free use of their limbs, and under the most gentle and patient treatment are incorrigibly suicidal, or intractably malignant in character and conduct. The history of the non-restraint system under such circumstances is a chapter which Dr. Conolly has not written. We sincerely trust that he will yet add to the many obligations which the medical officers of asylums owe to him, by writing one other work for their especial instruction and guidance; in which he will detail the modes by which he has overcome the difficulties presented by the most arduous cases which he has met with in his long and large experience: in which he will shew how good attendants are to be obtained, trained, and retained: how bad ones are to be avoided, or got rid of: and how the dangers and difficulties in the management of the insane are best to be overcome. We make these remarks, not on account of decaying faith in the system with which Dr. Conolly's name is identified. For twelve years we have managed a large asylum, with undoubted confidence in the excellence of its principles, and with an implicit adherence to its practice; and every added year of experience has strengthened our conviction that the non-restraint system is one of the greatest boons which the present century has conferred upon suffering man, and one of the brightest honours with which it has adorned our pro-

fession. But it is a system so large, arduous, and intricate, that to ignore its difficulties, is to undermine its stability. Its adoption cannot be advocated like that of some simple and isolated improvement or discovery in art or science, in which there is no drawback, no counterpoise. It must on the contrary be advocated as a best possible system subjected to many difficulties and many counterpoises, but still the best: just as a representative form of government is the best form of government, although it is subject to infinite abuses and corruptions. A man with firm faith in representative government, will stand by that faith, although he sees it trampled for a time in the blood and mire of revolutions, or extinguished for a time under the iron heel of military despotisms, or running for a time into the rank riot of democratic tyranny. A large but good system founded upon a sound principle, must be supported as much by foreseeing difficulties, by acknowledging and removing abuses, as by advocacy and contrast.

For the general public the work under review will be full of instruction and interest. The stamp of a scholarly mind and of a benevolent heart is on every page. If, as an alienist physician, we have criticised it with candour, it is not that we admire Dr. Conolly's book less, but that we love his system more. If that system could not be painted in roseate hues, if it were overshadowed by the dark cloud of adversity, we should not the less have faith in its excellence and gratitude to its author.

J. C. B.

An Address to the Trustees and Governors of the Warnford Lunatic Asylum, and the Gentry interested in the distribution of the Warnford Gifts. BY WILLIAM LEY, M.R.C.S., Medical Superintendent of the Asylum for the Counties of Oxford and Berks.

Mr. Lee has done good service, in calling attention to the noble charity provided by Dr. Warnford, for the insane poor of those classes whose education and position in society, would render the acceptance of relief from parochial funds, a painful degradation, and whose habits would render their

residence in the wards of a pauper lunatic asylum, humiliating to themselves, and the source of difficulty and embarrassment in the arrangements of the institution. He says, with perfect truth, that the provisions for health and comfort supplied to the inmates of county asylums, are such as would not be deemed inadequate to the wants of the insane gentry. But the amalgamation of the two classes has been tried in several county asylums, with indifferent success; and public opinion, guided by experience, has now set strongly in the direction of providing for the educated and the uneducated classes in distinct institutions.

No disease has so great a tendency to impoverish its victims as insanity. If the head of the family is afflicted, all sources of professional income are at once checked. If only one of the junior members of a family becomes insane, the pecuniary demands made for his care and maintenance, are often more than the family resources can sustain. The lunatic brother or sister cannot occupy the sick chair of a valetudinarian by the domestic hearth, as he would do if afflicted with disease of any other organ of the body than that wherein intelligence and emotion reside. Thus it happens, that insane members of the professional classes, and of the gentry, are more frequently impoverished by mental than by any other form of disease. That their impoverishment should not necessitate their pauperization, is an object worthy of the benevolence of that beneficent man, who has so richly endowed the Warnford hospital; and Mr. Lee, in the pamphlet before us, earnestly urges upon the gentry to whom the ministrations of these endowments are intrusted, the duty of making them available for the greatest number of recipients compatible with efficiency of relief.

We learn from Mr. Lee's pages, that the large sum of £70,000 bequeathed by Dr. Warnford, for the enlargement of the asylum which bears his name, still awaits its appropriate expenditure, lying in the hands of trustees, until the governors of the hospital can determine the best mode of using it, and agree upon a fundamental revision of the rules of the charity. Unfortunately, the governors appear to be extremely apathetic in the matter, for at a special meeting, summoned to consider the revised charter, the nine governors required to form a quorum, did not attend.

The author points to the fact, that richly endowed institutions do not engage that sympathy, or receive that support from the public, to which other institutions less favoured by

fortune, owe their energy of action, their vitality, and their action.

The failure of forming a quorum of nine, from the forty governors of the Warnford hospital, to consider the revised charter, is a strong example of the truth of this proposition. There are two classes of institutions whose affairs usually receive attention enough from the governors; those useful institutions whose finances are so low, that without such attention, the public interest would suffer detriment, and those institutions whose funds are so rich, that their expenditure becomes a matter of pride to the governors, and sometimes of interest also. Governors, who in a manner represent society, contain plenty of selfish and plenty of unselfish men. Poor institutions requite the services of the latter; rich institutions attract the interference of the former. The Warnford hospital appears to hold a middle position, between superfluity of wealth, and the dependence of poverty; and it cannot obtain nine governors to deliberate upon its new charter.* Mr. Lee suggests an excellent practical foundation for the administration of the charity, which we sincerely trust will be acted upon. It is that, in the enlarged hospital there should be no classification of its inmates, according to payment, and that one guinea a week should be the uniform charge made for care and maintenance; abatements from this sum being procurable from the committee, but no larger sum being ever charged or accepted. The Warnford donations will build and furnish the hospital, perhaps also, they may be made to pay for some part of the staff. A uniform payment of a guinea a week, will then provide ample means for the care and treatment of the patients. A capacious asylum, established on such a basis, for the classes of society intervening between the wealthy and the labouring class, would be a blessing for which the public might well be grateful, not only to the large-hearted founder of the institution, but to the enlightened governors, who are able to appreciate the wants of the age, and to expend his donations in a manner which shall confer the greatest amount of good upon the greatest number.

We earnestly hope, that the governors may be induced to take the wise advice offered to them on this point. Happily it will be but a consistent and logical development of the

*Since the above was in type, we have learned, that a meeting of the governors of the Warnford asylum was held at the Radcliffe infirmary, on the 18th December, for the purpose of revising the Rules. The Earl of Abingdon was in the chair.

principles upon which they have hitherto acted. The Warnford hospital for the insane has never been the mere pretence and sham of a charity, which other establishments of a similar character and foundation have sunk into. The governors might, in times past, have thrown more attention and earnestness in the performance of their duties, but they have always maintained the charitable character of the institution, and conducted it upon liberal principles, which have been actually successful in dispensing their charity, usefully and unostentatiously.

By adopting a uniform guinea payment, they will open the doors of their institution to an immense class of poor, but not pauper sufferers, whose friends will receive the boon with gratitude unalloyed with humiliation. By a reserve fund, aided if necessary by subscriptions, they will be enabled to meet those urgent cases of distress wherever the maintenance charge cannot be provided, either by the relatives or friends of the sufferer. For such cases, however, we think that the richer lunatic charity of Bethlem, ought exclusively to be devoted. By taking no higher sum than one guinea for maintenance, and restricting the admission of patients to persons whose circumstances render the payment of a higher sum difficult and oppressive, the governors would avoid a competition with the proprietors of licensed houses, which would neither be desirable nor successful. The same kind of difficulties which prevent the successful combination of a paying charity class, and of a pauper class in the same institution, will prevent the success and good working of any public institution which attempts to combine the high paying patients of the wealthier classes, with the low-paying patients of the middle and respectable classes. The spirit of an institution worked for a profit, is different to one worked for purposes of benevolence. Once admit wealthy, high-paying patients into a benevolent institution, and the equable spirit of benevolence becomes disturbed and perverted. The wealthy nobleman, money-dealer, or merchant, appropriates rooms which would accommodate eight or ten patients of more humble requirements; and a system is commenced, which in process of time swamps the charity. There are at present existant, hospitals for the insane, erected, and once supported by charitable donations, which deserve to no greater extent the title of charitable institutions than many of the licensed houses, in which it is well known that some of the patients are maintained at a charge below that of their

actual cost, from the benevolence or other honourable motive of the proprietors.

Moreover, institutions like the Warnford hospital, although less obviously in the category of state institutions, than are county asylums, may yet be considered as public in their objects, and may even have a claim to state favor, in respect to taxation, or be subjected to any degree of state control, in regard to government. Now, while we hold it to be wrong that the insane dependents upon public funds should be kept in private asylums, we think that here the limitation must cease, and that it would be at least inexpedient for public bodies to enter into competition with physicians practising in insanity, for the cure and treatment of patients of the wealthier classes. When the governors of a charitable institution commence to receive patients therein on profitable terms, they lower the dignity of their own position, to that of the directors of a joint-stock bank, the good work which they commenced in the name of charity; they continue in the interest of profit. The profit indeed is often more apparent than real, for the space and the attendants demanded for high paying patients in public institutions are often greater than would provide for a number of legitimate inmates whose moderate payments would be more than equivalent; and the luxuries demanded for high-paying patients cannot be confined to their own use; they set the example of needless luxury and expenditure throughout the whole establishment.

It has caused us much regret to observe that the course to which these objections reply, has been forced by pecuniary necessities upon the beautiful institution at Coton Hill, near Stafford, which, a few years since, promised relief to the necessities of the insane of the middle classes. We heartily wish that its wards were quite filled with insane patients taken exclusively from the middle class. Were it so, its prosperity would be ensured. At present it is not so, for the patients from the higher ranks of society whom it contains, cannot compensate for the larger numbers of the middle classes which it would accommodate, and for the loss of that public sympathy and support which its change of title and destination has occasioned. Its admirable management, under Mr. Hewson may, and we hope will, establish its ultimate success; but the desertion of a great principle is an error which is scarcely within the power of the most devoted and able officer to retrieve.

J. C. B.

Dr. Pliny Earle on Blood-letting in Insanity.

To the Editor of the Asylum Journal of Mental Science.

Dear Sir,

The issue of your Journal for January last, contains a review of "An examination of the practice of blood-letting in mental disorders," which appears to call for some explanation from me. In regard to the general tenour of that review, I shall not raise a single objection. The book is before the public, and reviewers have an unquestioned right to express their opinions of it; at the same time they will concede to me the right of reply.

The only really important issue between the reviewer and me, is this:—Is the general plan of the "Examination" that which, in the present state of the science of mental pathology, and the art of treating mental disorders, is the best adapted to the wants of the medical profession? He would have "the question of blood-letting in insanity thoroughly handled;" he thinks that "an examination of the action, and the indications of blood-letting, by the aid of our improved pathology, and by the teachings of experience; a collection of statistics and of cases illustrative of its good or evil effects in the course and in the cure of mental disorders, would have formed a highly instructive and useful book;" yet the "Examination" is "unsatisfactory" to him. That essay includes all the statistics upon the subject, which were in my possession; I know of no others. It contains the opinions of all the best authorities upon the "action," or the effects, of blood-letting. It is there shewn, that Drs. Ray, Underwood, White, Macdonald, S. H. Smith, Sutherland, Seymore, Ellis, Esquirol, Dubrisson, Zeller, and others, believe that bleeding causes "dementia," "fatuity," or "idiocy." The inference is, that their belief is founded upon observation, of both therapeutical action and pathology in practice. Why should I demand statistics from them to prove that their belief is a logical sequence of that observation? The expressed opinions of such men require no confirmatory evidence. It is there shewn that Drs. Woodward, White, Patterson, Allen, Burrows, Jacobi, and others, believe that bleeding causes "debility," "prostration," "exhaustion." Wherefore ask for their theories in regard to the manner in which these effects are produced? Were those theories given they might be very diverse; some of them might coincide with mine, and some might not: and who

could decide upon the right? It is shewn, that Drs. Wyman, Brigham, S. H. Smith, Sutherland, Ellis, Millingen, and others, believe that it causes death. If such be its effects, why endeavour to ascertain in what particular functional manner that result is brought about, when I know, that with our present knowledge of pathology, no man can positively demonstrate it? I may believe that the debility, and the fatuity, are the sequences of a prostration of nervous power by the abstraction from the brain of the material which, in some way, assists in the generation of that power. Others may entertain a different opinion; who shall act as umpire between us? It is there shewn, that Dr. Bucknill *never* resorts to general blood-letting. It is to be presumed that he has good and sufficient reasons, not only for the faith that is in him, but for the practice which he pursues. It is shewn, that Dr. Monro and Sir Alexander Morison never resort to it "except in cases of apoplexy and phrenitis;" they undoubtedly thus abstain because observation has taught them that it is the safe and better course, and not in obedience to preconceived hypothesis. It is shewn, that Dr. Conolly "is convinced that great blood-letting is rarely admissible, and generally dangerous in insanity." What produced that conviction, *theory* or *practice*? And if such be his conviction is not his opinion of just as much practical value as if he had attempted, (an attempt which must have proved futile,) to shew the exact molecular method by which venesection acts, all the way from the cut of the lancet to the last throb at the centre of life!

Hitherto we have discovered no Ariadne's thread by which to be guided, especially in the path of pathology, through the labyrinth of the brain to the seat and source of nervous power, which in my view, is the seat and source of vitality. The scalpel has opened but to the alphabet of the sealed and mysterious book. Pathological appearances have sometimes deceived, sometimes puzzled and bewildered us; they have yielded but a particle of positive knowledge which is available in practice. Neither chemistry nor the microscope has revealed the important secret which we all desire to know. Of the manner of the brain function, of the precise degree of necessity, and the reason for that necessity, of the blood, in the operations of the brain; of the ultimate method by which modifications of the brain function are produced by the vital fluid, by disease, or by therapeutical agents, our knowledge is so limited as to avail but little in the determination of our mode of practice.

Hence the medical treatment of insanity is almost purely empirical. The present prevailing practice was commenced in this country, by men who closely observed therapeutical effects and rarely made microscopical investigations. Practically, here, therapeutics has forced us to a more nearly correct theory of pathology. Pathology has governed our therapeutics only by sustaining it, when viewed in the light which the latter had already thrown upon the former.

Thus much has been written to shew the grounds of my belief, that, at the present day, *the opinions upon therapeutic effects of the men who are, or recently have been, engaged in the treatment of the insane, are in effect, the highest and best exponents of our knowledge of the pathology of mental disorders, and the safest and best guide in practice.* If, in the "Examination," I have quoted some comparatively ancient authors, it was not from any belief of mine in the doctrines which they taught, but because there are other men who still retain their faith in them.

These views of the subject induced me, in an attempt to ascertain the true nature of blood-letting in mental disorders, to adopt the plan which was pursued in the "Examination." I thought that the evidence adduced in that essay is of more value than the theory of any individual, even that of the most profound pathologist, or the inductions derived from any statistics which could then be collected.

Now, if the "Examination" does not meet the wishes and views of my reviewer, as expressed in the foregoing quotations from his review, I can imagine nothing which will meet them, until some genius shall have arisen and performed for mental pathology, that which Copernicus, Kepler, and Newton performed for astronomy. If I rightly understand him in these and other parts of the review, he would not be satisfied with anything short of a positive, unquestionable demonstration of the proximate, mediate, and ultimate molecular action of blood-letting in the production of good or ill effects upon the system of the insane patient; and an exposition of the indications for it, so clear, so definite, so unsusceptible of modification by the condition of the age, sex, temperament, habit, season, and climate, that the reader might unhesitatingly adopt it as an invariable rule of practice. If this be true, he wants an impossibility.

There were other circumstances which influenced my decision upon the plan of the "Examination." It is not the fact, that in this country, Dr. Rush "is almost without a follower," and that his "theories and arguments have lost their force

and authority." Over a vast extent of our inland territory, the treatment recommended by him is still to a very considerable extent in vogue; and the professor of the practice of medicine in our largest medical school, inculcates that method of treatment, and its supporting theories. When the physicians connected with the institutions for the insane have denounced venesection, they have been confronted by what was considered the paramount authority of Dr. Rush; they have then been told, "You asylum gentlemen," or sometimes, "You crazy doctors, ride hobbies;" as if he who makes insanity a speciality, may not be as well qualified to speak of his department of the profession, as is the surgeon or the obstetrician to speak of that department to which he is devoted: and as if Dr. Rush were not as liable to hobby-riding, as Dr. Ray, or Dr. Bell, or Dr. Kirkbride. Now, what individual authority could overcome the far-prevailing, but happily, not as formerly the all-pervading influence, of the opinions of Dr. Rush? not that of any man within or without the States. It was therefore deemed best to shew, that if asylum gentlemen *do* ride hobbies, they are remarkably gregarious; and that the doctrines of Rush are opposed, not by one, nor by two alone, of the modern physicians of the insane, but by every one who has written upon the subject in this country; and by nearly all the Europeans whose opinions have been published. It will be perceived from the preceding remarks that the "Examination" was written specially for the latitude and longitude of the United States. If the convictions and circumstances which would modify its adaptability to the wants of the profession, are different in England from what they are here, it necessarily follows, that if it be judged by the standard of those conditions and circumstances, it must be judged unfairly. Be that as it may, a man whose opinion, in all matters relating to insanity, I esteem as second to that of no other in the world, has, unrequested, asserted that the "Examination" is precisely what was needed; and another, whose experience, position, and reputation for sound judgment, place him in the foremost rank of American psychologists, has said, although his opinion was also unasked for, "That it will save the lives of hundreds." With these decisions upon the merits of the book, I surely ought to be, as *I am*, well satisfied.

It is here proper to say in justice to the deceased author, as well as to myself, that I hold in very high estimation the general character of Dr. Rush. My medical education was received at the school in which he had formerly been a pro-

fessor; and with the respect, the esteem, and the affection for the professors at whose feet I sat, I imbibed the sentiments of reverence for Dr. Rush. I respect him as a man highly gifted with intellectual powers. I admire him in his character as a labourer, active, industrious, earnest, and long persevering in the field of science. I place a still more exalted estimate upon him as a kind, a sympathetic, a benevolent physician. In common with his other countrymen, I greatly honor him as a patriot kind and true, who stood firmly by his country, throughout the day of her greatest peril and her sorest need; and deliberately threw his life into the delicately poised balance, by subscribing his name to the declaration of the fourth of July, 1776. It is only to his theories of the pathology, and his principles of the therapeutics of insanity, and the inconsistencies into which he was led in support of them, that I have objected. These alone, have I attacked. Had those theories and principles died with their originator, I would have been among the first, with no misgivings, to place the laurel-wreath upon his grave. But, as has been shewn, they still live in America; and if they do not in England, why has Dr. Henry Monro written (in the *Asylum Journal* for April, 1856) as follows? "The term *Mania* has become inveterately associated among practitioners of the old school, (many of whom still exist,) with a strength to be pulled down; a disease requiring antiphlogistic treatment."

Such a practitioner sees a man raving mad; he says, "Here is excess of nervous action." This must indicate excess of vigour, and this requires a depleting treatment; he bleeds, he blisters, and purges, and finds the fury mitigate for a time; and says, again, "*Mania* must be the result of an excess of power." If then, I conscientiously believe that certain theories and principles are annually consigning hundreds prematurely to the grave, and hundreds more to permanent insanity; and if I know that the book which inculcates those theories and principles is still extant, and probably to be found in more libraries than *all* other books upon the same subject; shall I refrain from an endeavour to expose the errors of those theories and principles, simply because the author of that book is not living? Shall thousands be sacrificed to respect for the memory of one? Who will answer these questions in the affirmative? If Dr. Rush's doctrines of insanity be correct, let those who believe so, come forward and vindicate them? If his arguments in support of them, be logical, let his followers make clear that logic, and prove that I am in error? But even the reviewer, although he

quotes my exposition of that logic, to show how Dr. Rush's opinions are "belabored," does not even insinuate that I have misrepresented the text.

Respectfully yours,
PLINY EARLE.

Leicester, Massachusetts,
November 14, 1856.

The Military Lunatic Hospital; a Summary of the Minutes of Evidence taken before the Select Committee on the Medical Department (Army) so far as they relate to the re-establishment of that Hospital. By C. Lockhart Robertson, M.B. Cantab., &c., &c., &c.

At the last annual meeting of the association at the Derby County Asylum, on the 1st of August, I had the honour of moving the following resolutions relative to the military lunatic asylum, based on the report of Mr. Stafford's select parliamentary committee which had just before been printed by order of the House :

1. *That this Association view with unqualified satisfaction the recommendation contained in the 16th section of the report of the Select Committee of the House of Commons, appointed on the medical department of the army, and that a Military Lunatic Asylum be provided as embraced in the design for the new Military Hospital at Southampton.*

2. *That this Association desire respectfully to convey to the Right Honourable the Minister of War and to the Director General of the Army Medical Department, the satisfaction it will afford the members of the association to place their practical experience in the arrangements of such institutions, at the disposal of those to whom the fitting up and charge of the new Military Lunatic Hospital may be entrusted.*

3. *That a copy of these two resolutions be forwarded to the Minister of War and to the Director General of the Army Medical Department.**

* In the following letters the Director General and the Right Hon. the Secretary of State for War thus courteously acknowledge the receipt of these resolutions:

6, Whitehall Yard, Westminster, Oct. 17th, 1856.

1. Sir,—In acknowledging the receipt of your letter of the 16th inst., I have to inform you that it has afforded me much gratification to find that the

These resolutions were seconded by Dr. Forbes Winslow and unanimously adopted by the meeting.

Since the date of that meeting (August 1) the minutes of evidence taken before the select parliamentary committee have been published. From this large volume of evidence, comprising 4683 questions and answers and a large appendix, I have selected that which relates to the military lunatic hospital, and which lies scattered among the many other important subjects on which the several witnesses were examined. I have not deemed it necessary to print every question and answer *verbatim* relating to the military lunatic hospital, as such a plan would occupy more space than I could claim for the purpose, but I have fairly re-produced the subject matter brought in evidence by each witness examined on the question of the treatment of the insane patients of the army.

1. *H.R.H. The Duke of Cambridge* was asked by Colonel North. (question 3708) "It has been stated in the course of the evidence given before this committee, that we have no lunatic asylum for soldiers, but that lunatic soldiers are sent to different county asylums, and so on; is your Royal Highness of opinion that it would be advantageous if there were some general establishment or asylum to which insane soldiers might be sent?" "*I should say so decidedly;*" was the reply.

2. *Major-Gen. Sir R. Airey, K.C.B.* Colonel North put this same question to Sir R. Airey, who replied—"Yes; it would only be what is right." Colonel North then added "to

committee of the association of medical officers of asylums and hospitals for the insane, consider the measure about to be adopted by the government a satisfactory one, and that every disposition exists to aid us in carrying it out.

I beg you will be pleased to express my best thanks to the committee and state that I shall have pleasure in availing myself of the offer so generously made as soon as the official preliminaries shall have been completed.

I have the honour to be, Sir,

Your most obedient humble servant,

A. SMITH, M.D., Director General.

C. L. Robertson, Esq., M.B.

Honorary Secretary to the Association of Medical Officers
of Asylums and Hospitals for the Insane.

War Department, November 13, 1856.

2. Sir,—I am directed to acknowledge the receipt of your letter of the 16th ult. enclosing copies of resolutions passed at the General Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, and in conveying to you the thanks of the Secretary of State for War for the offer of the services of the members of the Association, to state that the subject of a military lunatic hospital has not failed to obtain the serious attention of his Lordship.

I am, Sir, your obedient servant,

K. BACON.

Dr. C. L. Robertson, &c, &c.

put the asylum on the same footing with the navy?"—Yes, was the reply. When asked at the conclusion of his evidence, if he had any suggestions to offer to the committee, Sir Richard, among other points, observed, "I would recommend the establishment of a military lunatic asylum."

3. *Major-General Lord de Ros.* In answer to a question by Colonel North, his Lordship observes, "I think the providing a lunatic asylum would be a great boon to the soldier. I have often heard bitter complaints made by the friends of soldiers who have become lunatic in consequence of the hardships they have experienced while on service, that they are handed about and sent to their parishes and to the county hospitals without that care being taken of them to which their condition entitles them." (2687.)

4. *J. R. Hume, Esq., M.D., Commissioner in Lunacy.* Dr. Hume was asked by the chairman, after he had given an account of how and where the insane patients of the army are placed, "Do you think it would be advantageous to have a lunatic asylum for soldiers alone?" and he replied, "I think it would be; but I believe there are various difficulties in the way. There are not a great number of them," (2795.) The chairman, rather struck, apparently, by this doubtful answer of Dr. Hume's, renewed his question, saying, "But if there be an asylum for the Navy, and for the soldiers belonging to the East India Company, do you not think that there ought to be one for a great Army like ours?" To this, Dr. Hume has only in reply, "Dr. Williams's house, where the East India Company's soldiers are, is a private asylum. I was physician for several years to the East India Company, and we endeavoured to get them to build a hospital, but they demurred at the expense." (2796.)

It must be a matter of regret that Dr. Hume should have thus failed in bearing distinct testimony to the very principle on which the commission of which he is a member is based, viz.: the practical recognition of the imperative necessity of placing the insane poor of all classes (civil and military alike,) under the protection and care which a public institution alone affords them.

5. *Dr. Dartnell, Deputy Inspector-General of Hospitals.* Dr. Dartnell having been two years in charge of the military lunatic hospital at Yarmouth, and having during that period carried out many improvements, to the satisfaction of the Commissioners in Lunacy, was an important witness.

Colonel North, who appears to take a warm interest in

the re-establishment of the military lunatic hospital, thus examined Dr. Dartnell:

(2308) Would you be in favour of confining military lunatics to civil hospitals? I think not.

(2309) Will you state why not? I think a military asylum would be more beneficial to the soldier and to the service. I think that a soldier-lunatic would be better managed in a military asylum.

(2310) In which asylum do you think that any attempt at malingering would be discovered soonest, in a military or a civil hospital? I think in a military hospital.

(2311) Do you think that even in the insanity of soldiers military discipline is of any use in preserving order? I think it is of considerable use in giving them habits of order and regularity.

(2324 Chairman.) Will you give an illustration of the way in which you think military discipline exists in the management of insane soldiers? I found myself that a lunatic soldier when receiving an order from a person in plain clothes, has disobeyed him and said, 'I do not know you; you are not an officer; I have nothing to say to you.'

(2325 Colonel North.) What was the reason that the lunatic hospital that you presided over at Yarmouth was done away with? The patients were removed from it because the buildings belonged to the admiralty, and on the breaking out of the war they required it for a naval hospital, for which it was originally built.

(2326.) Has it been used as such? Never; there has never been a patient in it since, I believe.

(2327 Sir Henry Davie.) Are the medical officers who have charge of the military lunatic hospitals, gentlemen who have given their attention particularly to the management of lunatics? There is no lunatic hospital since the breaking up of the establishment at Yarmouth.

(2328 Colonel North.) Do you not think it would be an advantage to have a regular asylum for insane soldiers? Yes, I do certainly.

(2329 Chairman.) Are there any examinations for army surgeons in reference to the treatment of lunatics? No, I think not.

(2330.) Do any of the army surgeons at all turn their attention to that branch of the profession? No, I do not think they do; as long as the asylum at Yarmouth lasted, of course those who were appointed to it, made a point of doing so.

(2331) They learnt their profession after going there and not before going there? Yes.

(2332) Therefore they entered that asylum wholly unacquainted with the treatment of lunatics? Yes, except as far as their general knowledge went.

(2333) What experimental knowledge could they have upon the subject? Every medical man studies more or less the subject of insanity.

(2334) In the examination through which every army surgeon has to pass before he is appointed, are any questions put as to the treatment of lunatics? There is no examination I believe on that head.

6. *J. A. Bostock, Esq., surgeon Scots Fusiliers.* Colonel North asked Mr. Bostock his opinion with regard to the establishment of an asylum for insane soldiers, instead of their being sent to private establishments, to which Mr. Bostock replied, that he would decidedly prefer sending them to a military asylum.

7 *William Lindsay, Esq., Inspector of Hospitals at Haslar.* The following questions were put to Mr. Lindsay during his examination:

(2532 Colonel North.) Is there a lunatic asylum for the navy? Yes.

(2533) Not a civil hospital but a naval one? Yes, a part of Haslar hospital is set apart for that purpose; there is a staff-surgeon who has charge of it, and he has a staff assisting him.

(2534) And any officers who may be insane are at that establishment? They are.

(2535) And the men too? And the men too.

(2536) And the men are not returned to their parishes to be sent to county hospitals, but are taken care of by the government? Yes, if they are permanently insane.

(2537 Chairman.) The system is one of moral and not of physical restraint? Yes.

(2538) Do you consider that the present arrangements of that hospital are satisfactory or otherwise? I think they are extremely satisfactory.

(2539) Do you think that the influence of discipline is brought to bear upon those lunatics with good effect? Decidedly.

(2540) Which could not be done in a civil hospital? Not so well, I think.

This evidence which I have thus brought together, had its due weight with the committee, and led them in their

report, to recommend *that a military lunatic asylum be provided as embraced in the design for the new military hospital at Southampton*, while the letter from the Director-General, which I have printed above, (foot note. p. 271), in reply to the resolutions of this association, leads to the belief that the new military lunatic hospital will be in every way worthy of the nation.

A Letter to the Committee of Visitors of the Surrey Lunatic Asylum, by Charles Snape, Medical Superintendent. Pamphlet. Churchill.

Since the notice given in this Journal of the prosecution of Mr. Snape, the affair has gone through several stages. The prosecution has failed. Enquiry has been made before the visitors of the Surrey asylum, and a Jury of medical celebrities, viz., Dr. Addison, Dr. Sutherland, Dr. R. B. Todd, Dr. Babington, Dr. R. Quain, and Mr. W. Bowman. Consequent on the opinion expressed by those gentlemen, Mr. Snape has been re-instated in his office of medical superintendent. The precise terms of the verdict thus given has not transpired. Mr. Snape has embraced the opportunity of publishing that which he had previously been advised to reserve, his statement in defence. Under the extraordinary circumstances which had enveloped him, he had suffered what few are subjected to. His defence is not pure of the spirit of counter attack, which clears him less than it reflects on others. It is, however, pointed, and contains matter that is well put, that requires professional consideration, and needs to have its value more definitely determined than is to be expected in personal controversy. It is the more necessary that Mr. Snape's opinions should have full publicity, because the Press, seldom neglectful of what is exciting to the public taste, has indulged itself in the publication of attack only, while it is equal publicity that awards popular justice.

It is perhaps unfortunate for Mr. Snape, as it is unfortunate for the profession in lunacy, that the determinate enquiry did not take place in open court.

It is now needless to repeat or expose the deficiency of evidence that the patient Dolly's death was consequent on, as it was subsequent to, his undergoing the shower bath. Mr. Snape, however, adds to the information which tended to shew that his decease was irrespective of his treatment. He also

justifies the medical use of the continuous shower bath in the treatment of mania. He says, after five years experience, "I never knew the slightest ill result, and instances can be given of entire restoration to reason, by one single fifteen or twenty minutes continuous bath." It appears, that when the bath cistern is full, the fall of water in the shower bath is rapid, and perhaps heavy; that the supply pipe of that shower bath cistern is not sufficiently large to maintain the full quantity of water to fill the cistern while the shower is in force; that with diminished depth of water, there is less pressure, less rapidity of fall; and that in the continuous bath the depth of water in the cistern is speedily reduced to one third, by which a shower that gives a shock becomes soft and equable.

Mr. Snape considers (probably with accuracy) that continuous shower baths are much preferable to intermittent, and less distressing. He says there are cases in which discharged patients have imputed their restoration solely to the continuous baths of fifteen or twenty minutes.

Mr. Snape is not, I believe, entitled to assume to himself that if on the 8th of April, "I had announced to the public my practice, continuous shower baths would then have been recognized as fresh resources." The profession would have had previous knowledge of the benefits attributed to the use of such baths. The professional mind was prepared to receive that truth, but not as the 'whole truth.' It is in that further knowledge that the difficulty lies. What are the particular pathological conditions or indications which guide the practitioner to the judicious use of the remedy? For the present the professional mind is not prepared to accept as fact the proposition that continuous shower baths are ordinarily suitable to patients who are maniacal and violent. Mr. Snape quotes Dr. Conolly on the obscurity of pathology of mental disorders. He quotes the opinion of Dr. Elliotson, as published in his *Principles and Practice of Medicine*, published, I believe, in 1839, but delivered long previously. Fair, no doubt; but what a sarcasm on medical literature, to arraign Dr. Elliotson's early writings against the opinions of his age.

The obscurity of insane pathology has been confessed at a much later period. It may appear to us that Mr. Snape is going back to a dark age for his system of treatment,—a period of ten years distant, or it may be somewhat more! It may appear to him that fashion has made us too decidedly forgetful of what was often good and successful in the practice of that day; that the doctrine of a cool head in febrile affections still lives in the prejudices and practise of a race not yet defunct.

The doctrine of the schools, is always to avoid suddenness and irregularity of force which will induce an irritable or spasmodic condition; and it is the gentle employment of continuous, unrelaxed exertion that will gradually overpower the countervailing force which will never give way if you occasion shock. It does not appear that Mr. Snape administers the shower bath continuously, with benefit, in more than exceptional cases. The profession will wait for guidance before it adopts his practice. He, however, publishes frankly a statement which he has laid before the Visitors of his asylum, in correction of statements made by other officers; and courting contradiction of them if untrue.

WILLIAM LEY.

THE QUARTER.

Mr. Millar and the Bucks Visitors.

The removal of the Superintendent of the Bucks County Asylum in a manner which has excited the astonishment of our department of the profession, has been the most prominent topic of interest and remark. The letter addressed by Mr. Millar to the magistracy of Bucks, which has been placed in the hands of all the members of the Association, renders it unnecessary to enter fully into the details of this transaction. The point of view, however, taken in that pamphlet differs somewhat from that which will present itself as the one of most importance to our readers. Mr. Millar naturally desires to shew that he has committed no offence worthy of reprobation. The officers of other asylums are less interested in this question, than in *the manner* in which he has been ejected from his office. If even it be assumed that some serious offence or grave incompetency be imputable to him; yet if the manner of his punishment has been such that it may be employed with equal effect against the innocent and the guilty, the proceedings of the Visitors are justly liable to animadversion. That Mr. Millar was a competent superintendent is probable for several reasons: he had been the superintendent of a large pauper asylum in Middlesex, and in that appointment he had given the highest satisfaction to the Commissioners in Lunacy, under whose immediate supervision he was there placed; he had subsequently organized and for four years superintended

the Bucks Asylum in a manner which had repeatedly called forth the high official approbation of Visitors and Commissioners.

Up to the very day on which he was compelled to assent to the request that he would resign, he had not been made aware that there was the least dissatisfaction with his management of the asylum. It was, therefore, *a priori*, most improbable that Mr. Millar was other than he had been represented, namely, an active, intelligent, and efficient officer. Either Mr. Millar was an efficient officer, or the Committee and the Visitors had been incapable of detecting his inefficiency during the considerable period he had been under their observation. This line of argument, however, does not apply to the commission of serious offences, and the proof of such offences would not need that the change of opinion of the Visitors should be a gradual one. Such offences being fairly proved might fully justify the summary proceedings of the 15th of August. The whole question turns upon whether they were proved, and how they were proved. If they were proved, the fact of Mr. Millar's dismissal may be justified. But if they were proved in a manner at variance with those usages of free and civilized communities in the investigation of offences and the infliction of penalties, the injury to society will scarcely have been less than if the penalty of ignominious dismissal and probable professional ruin had been inflicted for no inefficiency, for no offence, but to gratify the caprice or egotism of some rural dictator.

We ascertain from the letter of one of the Visitors, published in the Aylesbury papers, and from Mr. Millar's letters, that the manner in which Mr. Millar's offences were investigated at the meeting on the 15th of August, was by the reading of an *anonymous letter* containing various charges of the most paltry description, and by putting to him questions thereupon in the spirit of a barrister cross-examining a witness at the Old Bailey. After this wonderful exhibition of impartial and candid enquiry, the Visitors informed Mr. Millar that they had no confidence in him, and that unless he resigned they would attend no more meetings; that is, they would interrupt the business of the institution, they would sign no more cheques, discharge no more patients, perform no more the various duties which the statute imposes upon them, and without which the business of the asylum could not proceed.

It has been said, that Mr. Millar was not dismissed, but if this was not a dismissal, it will be hard to say what is. However, Mr. Millar, aggrieved at the manner in which he had been treated, immediately afterwards withdrew his forced resignation. A fortnight after the Visitors again met. Animated by the same spirit they intimated to Mr. Millar that if he consented to resign, they would give him testimonials of character, and on his rejection of this singular proposition, they came to a formal resolution, that Mr. Millar should be removed from his office that day three months, thus ignoring by the date of the actual dismissal the resignation which they had previously forced upon him.

If the verbal resignation of the 15th of August was held to be valid and binding, the termination of Mr. Millar's services would have taken place in three months from that date, and not at three months from the subsequent meeting, and the Visitors would scarcely have thought it needful to tempt Mr. Millar to abide by that forced resignation by the offer of dubious testimonials.

We shall not at the present time offer any further comments upon this remarkable transaction, because in a few days from the present time the Visitors will have to render an account of their stewardship to the assembled magistracy of their county; and because the matter has been ably taken up by the President of our Association, who has issued a protest, which has been signed, with two or three exceptions, by all our members, thus marking an unanimity of opinion rare among so large a number of professional men. Before issuing this protest, Dr. Hitchman attempted in vain to obtain some explanation of the conduct of the Visitors by the most courteous appeal to the Chairman. But neither to his appeal, nor to those made by Mr. Millar in his pamphlet, and by Magistrates at the Michaelmas Sessions, have the Visitors deigned any other reply than the imperatorial *sic volumus, sic jubemus*.

The remonstrance of the Association is as follows :

To the Lord High Chancellor of England.

To the Lord Lieutenant and the Magistracy of the County of Bucks.

My Lords and Gentlemen,

We, the undersigned, being Members of the Association of Medical Officers of Asylums and Hospitals for the Insane, beg respectfully to address you upon a subject of the greatest importance, both to the reputation for justice of the magistracy for the county of Bucks, to our own interests, and to the welfare of the insane poor.

The office of Medical Superintendent to the Buckinghamshire County Lunatic Asylum has been held since the opening of the Asylum by Mr. Millar. He was elected after public competition, in consequence of his very high testi-

monials, and for the ability and devotion with which he had discharged his duties as the Medical Superintendent of a large Asylum, under the supervision of the Commissioners in Lunacy, who had frequently testified to the excellence of the Institution while under Mr. Millar's superintendence.

His management of your County Asylum has been warmly and repeatedly applauded, both by the Commissioners in Lunacy and by the Committee of Visitors. So recently as June last, the Chairman of the Visiting Justices officially eulogized the condition of the establishment under Mr. Millar's management.

At a Board meeting on the 15th of August last, without any previous intimation of the slightest feeling of dissatisfaction with Mr. Millar's conduct or management, the Visitors informed him that if he would not resign his situation they would not meet him at any future monthly meeting. To this Mr. Millar yielded at the time, but a few days afterwards he withdrew his assent. At a subsequent meeting on the 29th of August, the Visitors came to an official resolution that Mr. Millar was to be removed from his appointment *that day three months*, thus ignoring, by the date of his actual dismissal the resignation which they had previously forced upon him.

The Visitors adopted this course upon charges made in an *anonymous letter* which was read at the Board meeting of the 15th of August, and upon other secret charges respecting which they refuse to afford any information.

They refuse to a professional gentleman the privilege accorded by the laws of England to the lowest offender ;—the privilege of meeting his accusers, of knowing the charges and hearing the evidence for which he is made to suffer.

The urgent appeals which have been made for this privilege, both in Mr. Millar's published letter to yourselves, and at the Michaelmas Court of Session, have been utterly disregarded by the Visitors, who shield themselves behind the legal powers conferred upon them by the Lunatic Asylums' Act.

We do not presume to entertain the question whether Mr. Millar is or is not worthy to be entrusted with the management of the Bucks Asylum ; nor do we doubt that the Statute gives the Visitors the power of dismissal with or without a cause.

Nevertheless, we do earnestly protest against the exercise of this power in a manner opposed to the usages of all courts, boards and communities of Englishmen in the investigation of offences and the infliction of penalties.

Unlimited power over their officers was doubtless conferred upon the Visitors of Asylums by the Legislature, under the belief that it would be exercised in the spirit which usually characterizes the investigation of offences and the infliction of penalties in all courts, boards, and communities of Englishmen. Had it been deemed possible that any Committee of Visitors could convert their Board into a tribunal passing sentences of professional ruin under charges made in *anonymous letters* or by other secret evidence, the legislature would probably have imposed some adherence to the common formalities of judicial enquiry, and have subjected the sentences of the Committee to be ratified by the Courts of Session.

But the Legislature had implicit faith in the justice and candour of English gentlemen. The Superintendents of Asylums have also had faith therein ; for they have placed their reputations and their worldly prosperity in the keeping of Asylum Visitors. We are happy to acknowledge that hitherto their confidence has not been misplaced ; proof whereof is afforded by the fact that medical appointments in Asylums are sought for by gentlemen, by whom they would be carefully avoided, if ignominious dismissal without cause, or for causes veiled in mystery and silence were known to be among the liabilities of such appointments.

If it is the interest of the insane poor to be placed under the care and treatment of professional men of education, skill, and repute—if it is the interest of rate-payers that their Hospitals for the cure of Insanity should be managed by zealous and able officers—if it is the interest of the English Magistracy to preserve their high character for even handed justice and manly candour—the interests of all have been deeply wounded by the manner in which Mr. Millar has been dis-

missed from his office in your county. This dismissal has been the occasion of alarm and profound discouragement to the medical men who have charge of fifteen thousand of the insane poor of this kingdom—men who did not need to have their great anxieties augmented by the fear of dismissal and of professional ruin either upon secret or paltry accusations.

We most respectfully address these observations to you in the earnest hope that you will mark with your disapproval the manner in which the Visitors of your County Asylum have discharged the trust you have committed to them ; and that you will thus establish the circumstances of Mr. Millar's dismissal as a precedent not to be imitated, but to be regretted and carefully shunned.

My Lords and Gentlemen,

We have the honor to be,

Your very obedient Servants, &c.,

Mr. Snape. The termination of Mr. Snape's contest with the Commissioners is referred to elsewhere. We have from the first expressed our great regret that a prosecution for manslaughter was instituted in this case, not only because it was likely to be futile, but also because it tended to shake public confidence in the humane and scientific treatment of the insane poor. The public generalize on all matters and on all occasions, and every member of our specialty has to some extent lost character in this unfortunate affair. Doubtless the Commissioners were induced to take the course they did by the earnestness of their desire to maintain considerate and humane treatment of the insane ; but we trust and believe that in future, they will find less objectionable methods of doing so, and especially we trust to see them acting in concert with the Visitors of county asylums, who with rare exceptions, devote themselves with great ability and uprightness to the government of the important institutions which the legislature has placed under their rule. We observe that in a recent investigation into the death of a patient, caused by the accidental turning of a hot water tap, the visitors of the asylum had the advantage of Mr. Lutwidge's presence and skilful assistance, an advantage which they fully appreciated and gratefully acknowledged ; and we can only regret that the first investigation into Mr. Snape's difficulty was not made by the visitors of the Surrey asylum assisted in like manner.

It is to be hoped that Mr. Snape's pamphlet will induce no one to imitate his example in the administration of prolonged shower-baths. His habitual employment of them would have been a good defence against the charge of manslaughter, since it would have proved his opinion of their safety. But if they constitute, as we hold they do, a most severe and objectionable mode of treatment ; it is a matter of greater importance that their habitual use should

be condemned and prevented, than that a solitary instance of excess in their employment should be punished. We apprehend that Mr. Snape is quite wrong in supposing that he has discovered and introduced this mode of treatment. Ten years ago its employment, (though not to the Surrey extent) was by no means uncommon. It ought without delay to be abolished, like all other harsh and severe modes of treating insanity, like the large depletions which were formerly the routine practice, and like the fearful scalp issues which were invented and extensively used by a late Commissioner, the learned and lamented Pritchard.

Irish Commission. Since our last issue a royal commission has been issued to inquire into the government and condition of Irish asylums. Ireland is the peculiar land of commissions, because it is the country where no two people can agree upon any one thing. Our only objection to the present commission is that it removes from England the services of Mr. Wilkes and Mr. Lutwidge, and as the number of the English Commissioners is inadequate to the discharge of their own legitimate duties, the loss of these valuable services cannot fail to be detrimental to the public interests of this country.

Asylums Pension Act. We trust the Irish commission will succeed in recommending a scheme of retiring allowances, which will be acceptable to the government and satisfactory to the officers of asylums. At the fag end of the last session of Parliament, an asylum pension act was passed through the House by Sir R. Fergusson, for which he has received a good deal of abuse. If judged by the provisions of the act, no terms would be too hard for Sir Robert. But the circumstances under which he was compelled to acquiesce in a very bad bill, ought to exonerate him from much animadversion to which he has been subjected. When it was found that the whole of the new Irish asylums bill had no chance of becoming law, Sir Robert attempted to save the pension clause, (copied from the one in the English Asylum Act,) by passing a time bill. This was done with the intention of avoiding injustice and loss to persons who might need to claim pensions before the postponed asylum bill could be re-introduced. The government, however, refused to acquiesce to this extent, and Sir Robert had to take an extension of the civil pension act as his time bill, or nothing. All that can be said in favor of this act, is that it is indefensibly bad, a great advantage to those whose privilege it will be to introduce its successor, and a consolation to those

who have entertained any fears that it will become permanent.

The Visitors of the Nottingham County Asylum have at their recent quarterly meeting, determined not to fill up the appointment of visiting physician to that institution, vacant by the death of Dr. John Calthorp Williams. Dr. Williams died on the 21st of July, from concussion of the brain, occasioned by a fall from his carriage. He graduated at Edinburgh in 1824, was F. R. C. P., Edin., and the author of a work on "Palpitations of the Heart."

J. C. B.

ASSOCIATION NOTICE.

In addition to the letters from the Secretary of State for War, and from the Director General, (see page 271,) Dr. Robertson has to communicate the following:—

Dublin, 25th October, 1856.

Dear Sir,—I have been much gratified by the congratulatory address agreed to at the late Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, and beg that you will convey to those gentlemen my best thanks for this kind expression of their good opinion and esteem.

I remain, dear Sir,

Yours faithfully and obliged,

R. W. S. LUTWIDGE.

C. L. Robertson, Esq., M.B., &c., &c., &c.

Appointments. MR. JOHN HUMPHREY, M.R.C.S., L.S.A., to be Medical Superintendent of the Bucks County Asylum.

MR. RICHARD ADAMS, M.R.C.S., to be Medical Superintendent of the Cornwall County Asylum.

JOHN CHAPMAN, M.D., to be Assistant Medical Officer of the West Riding County Asylum.

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The Pathology of Insanity ; by JOHN CHARLES BUCKNILL, M.D.

The widely differing opinions which have been entertained by the ablest physicians respecting the pathology of insanity, clearly shew that there is some difficulty at the bottom of the question, greater than that which has existed with regard to the nature of other classes of disease. The source of this difficulty is not hard to find. A rational pathology must ever be founded upon the basis of physiology. It is indeed a kind of physiology ; it is an account of the abnormalities of organization and of function, which as much depend on the natural laws of our being as do those of health. Fair weather and foul equally depend upon the laws of meteorology ; health and disease equally depend upon the laws of animal life. The division of their study into the two departments of pathology and physiology is, therefore, perfectly arbitrary, and useful only for purposes of classification. But the knowledge of the laws of aberration cannot precede, or even be contemporaneous with, the knowledge of the normal laws of action. The high-road of health must be well known before the bye-ways and devious paths which surround it can be investigated.

In all organs of the body, except the brain, great advances have been made in the knowledge of their physiological laws, and the amount of this knowledge bears a close relation to the obvious adaptation of each organ to the discharge of its function. The adaptation of the heart to the propulsion of the blood, the adaptation of the

we have to build a system of cerebral pathology is, that mental health is dependent upon the due nutrition, stimulation, and repose of the brain; that is, upon the conditions of the exhaustion and reparation of its nerve-substance being maintained in a healthy and regular state, and that mental disease results from the interruption or disturbance of these conditions.

If we are certain of any one fact in the physiology of the nervous system it is that nerve-force is generated in or by the vesicular neurine, and that the tubulated neurine conducts it. But what is the nerve-force of the human brain? and what is the activity of its vesicular neurine? Its purpose, is the perception of sensations of all kinds; the power of comparing those sensations, and of storing the results of their comparison; the power of combining those sensations in new arrangements; of imagining, not indeed new sensations but new combinations of them; the power of feeling emotions and propensities.

The activity of the vesicular neurine of the brain is the occasion of all these capabilities. The little cells are the agents of all that is called mind, of all our sensations, thoughts and desires; and the growth and renovation of these cells are the most ultimate condition of mind with which we are acquainted. There may be more profound conditions but they are beyond our ken, and so far as we know, there is no better sanction for their existence than the fantastic alliance of spurious physiology and Kantian metaphysics.

How any combination of cells can be attended by processes of thought is, to us, inconceivable; but it is not more inconceivable than that similar combinations should result in the phenomena of life, or that a combination of atoms should result in the movements of the solar system. All we can say is, that the cerebral cell and gravitating atom are creatures of the Almighty Creator, acting in obedience to laws impressed upon them by His fiat, laws whose phenomena we can trace, but whose ultimate nature we cannot understand.

The ultimate condition of mind being the due nutrition of the brain-cell, it is of the utmost importance to have a clear idea of the manner in which this is effected. The grey substance of the human brain contains millions of vesicles lying in a semi-fluid granular substance (stroma), and bound together by a minute net-work of capillary blood-vessels and fine areolar tissue. Now the fundamental truth of physiology being the activity of the cell, and this activity being accompanied by its decay, and demanding its renovation; the mark-worthy points in the relative position of the brain cell

are, First, its proximity to the nerve tube, from which and to which it conveys impressions, the taking or the giving of which are the cause of its exhaustion; Secondly, its proximity to the blood capillary which exudes a plasma in which the cell is bathed and renovated, and from which new cells are formed to replace those (if such there be) which are finally exhausted.

With regard to the first of these relations so far as the individual cell is concerned, it would appear, that injurious results could only arise from stimulation so excessive as to hasten the process of decay beyond the powers of reparation. With regard to the second relation, a crowd of circumstances may occur to interrupt or prevent the growth or reparation of the cell. All states either physiological or pathological of the cerebral cell are derived from influences impressed upon it, either by the nerves or the blood vessels with which it stands in such intimate relation. Whether any changes can be self originated is more than doubtful. The laws of its life transmitted to the cell from the parent organism, include, indeed, the conditions of perpetual change, but the cause of change must ever be sought for in the nerve or the capillary.

It was once the custom to regard diseases as distinct entities, which were capable of being expelled from the body by the art of the physician. To this period succeeded one, in which every disease was viewed as a single pathological action. Thus mental diseases were once thought to be occasioned by evil spirits which could be exorcised; and by many persons even at the present time they have been attributed to diseases of the "spiritual essence," and to other conditions referrible to the mysteries of ontology. An error more recent, and which even now prevails widely, is to refer insanity to some one or other of the pathological conditions whose appellations are in the mouths of all men, but whose nature and relations are appreciated by few. Thus some attribute insanity to irritation, others to exhaustion, others to inflammatory action; and these absurdly narrow views are even entertained by medical men who would be quite incapable of attributing all diseases of the stomach or the lungs to one pathological state. What would be thought of a physician who at the present day should deliberately argue that all diseases to which the lungs are subject are inflammatory, and inflammatory alone; or that all dyspepsias are the single result of irritation or nervous exhaustion? Yet the prevailing method in which mental diseases are treated by physicians, who are

too enlightened to submit their intelligence to the theories of spiritual essences, and other exploded absurdities, are of this kind. One able physician attributes all insanity to nervous exhaustibility, while another refers it to congestion and the earlier processes of inflammation, and a third to irritation.

The broad view of its production appears to be this: *the brain, like every other organ of the body, for the perfect performance of its functions, requires the perfect condition of its organization; and, its freedom from all pathological states whatever. Consequently, the existence of any pathological state in the organ of the mind will interrupt the functions of that organ, and produce a greater or less amount of disease of mind, that is, of insanity.*

Such is the foundation of the pathology of insanity which I maintain; the particulars I shall elucidate hereafter. I must at present occupy some space in the definition of terms and preliminary explanation of views. And first, when I speak of the brain as the organ of the mind, I mean that portion of the cerebral mass which physiological experiment and observation upon the dead, amply prove to be the seat of mental function. I do not include in the term those portions of the brain lying at its base, which observation proves to be but a prolongation and development of the excito-motory and spinal nervous apparatus. In my opinion, Professor Carpenter has given us ample reasons for the belief, that the thalami and corpora striata are subservient to the conversion of sensational impressions and volitions into combined movements adapted to the preservation and welfare of the individual, without the intervention of judgment or the proper functions of mind. The experiments of Fleurens and others also prove that the cerebellum is subservient to the co-ordination of muscular action. It is true that Dr. Noble maintains that the thalami and the corpora striata are the special seat of the emotions, and that the phrenologists maintain that the instinct which ensures the continuance of the human race has its residence in the cerebellum. But experiment and observation are adverse to these views, and, in my opinion, prove beyond doubt that the seat not only of the intellectual, but also of the instinctive functions of the brain, is in the convolutions of the cerebrum proper, and that the cerebellum and the central masses of grey matter are subservient to motion alone, excited either by the decrees of the will or by impressions upon the nerves of sensation, or upon those of excito-motory action. It is also sufficiently proved that the medullary substance of the brain,

forming so large a portion of its mass, is merely a conducting medium. Pathological conditions may exist in this white substance, in the cerebellum, the corpora-striata, and thalami, without affecting the mental functions. Sensation and motion will be affected, but judgment, memory, and emotion will be left intact. It is true that diseased conditions which affect the mind, also frequently, nay, commonly, affect the lower functions of the nervous system. The state of the muscular system has even been called "the pulse of insanity;" but the state of these functions in insanity does not commonly amount to that degree of aberration from natural functions which we should be justified in calling disease, if it existed in itself. The muscular activity is frequently excited or depressed, but only in exceptional cases is it perverted and irregular. Moreover, in a great number of instances of chronic insanity, the motorial function is in no wise affected. Diseased action, therefore, may be strictly limited to that portion of the brain in which the mental functions are enthroned, and which, by the process of exhaustive reasoning, is shewn to be the grey matter of the convolutions.

On the other hand, disease may affect and be limited to those portions of the cerebral mass, which either conduct impressions to or from the seat of mind, or which subserve to the function of muscular activity. In this manner cerebral paralysis of various kinds may occur without mental disease. Circumscribed effusion of the blood in the white substance of the brain often produces loss of mental function when it first takes place, from the pressure which it exerts on the grey matter of the convolutions. But when the mischief occasioned by this pressure has been removed by the adaptation of the blood in the cerebral vessels to the contents and capacity of the cranium, the powers of mind return, while those of motion remain injured until the integrity of the torn substance is restored. Lesions, or pathological conditions of the conductive or motive parts of the brain, frequently propagate themselves to the seat of the mental functions, and active pathological states of the latter seldom exist without implicating to a greater or less degree the integrity of the former. They are parts of the same organ, essentially different indeed in function, but so intimately connected that pathological conditions readily extend themselves from one to the other both by continuity and by sympathy. All these points of difficulty being admitted, the important fact remains that *diseased conditions which affect the mental functions must have their seat in the grey matter of the cerebral convolutions*; and in speaking of

disease of the brain in relation to insanity, I wish to be understood as speaking of the cerebral convolutions alone, unless where the contrary is expressed.

I wish here to state with distinctness my views of the nature of pathological conditions, not only in the brain but in all the organs of the body. Diseases have commonly been distinguished into those which are organic, and those which are functional. At first this distinction arose from the fact, that in some instances diseased organs presented obvious and palpable changes of structure, while in other instances they presented no such changes. Diseases which our forefathers called functional, because the rough examinations with which they were content made them acquainted with no changes of structure, have been made known to us by the aid of the microscope as strictly structural diseases. For example, fatty degeneration of the heart and epithelial desquamation of the uriniferous ducts are structural diseases to us; a short time ago their phenomena were regarded as functional. Facts of this kind would of themselves be sufficient to create distrust in the theory of functional disease; but many accomplished physicians still maintain that abnormal vital phenomena may be, and are likely to be, occasioned by dynamic aberrations alone; and that such phenomena are correctly designated as functional disease. I cannot concur in this opinion; and I perfectly agree in the justice of the observation made by the great German chemist, that "Everything is specific which we cannot explain; and dynamic is the explanation of all which we do not understand; the terms having been invented merely for the purpose of concealing ignorance by the application of learned epithets."—*Liebig's Chemistry of Agriculture*.

What is called force of every description is connected with, if not dependent on, changes in the atoms of matter. What we call force is the phenomena of material change, and to affirm that dynamic modifications of vital functions may exist without alterations of material organization, is to ignore the fundamental principles of philosophic physiology. All disease, therefore, in my opinion, is organic. Not only is this so with diseases which come under the common observation of the physician without leaving traces of organic change; asthma, for instance, and angina and epilepsy; but mental and nervous diseases also of every kind and form. Not a thrill of sensation can occur, not a flashing thought or a passing feeling can take place without changes in the living organism; much less can diseased sensation, thought, or feeling occur without such

changes; changes which we are not able to detect, changes which we may never be able to demonstrate, but which we are, nevertheless, certain of. For whether we adopt the theory that the states and things which we call heat, electricity, vitality, &c., are distinct entities, or what is called imponderable matter; or the far more probable theory that they are only phenomena belonging to ordinary ponderable matter; an atom or a cell charged with electricity or heat, or in a state of chemical activity, is essentially in a different condition to a cell or an atom in chemical or electrical equilibrium with surrounding substances. On the lowest view of organic action, therefore, alterations of what are called dynamic force cannot exist without corresponding changes in material condition. If it is possible to suppose that the cells of a living structure in a state of disease can only differ from the cells of the same structure in a state of health by an alteration in their electric states; this will in itself constitute a material difference, capable of being re-adjusted by appropriate remedies. But there is no ground whatever for supposing that vital force and electrical force are the same, or that anomalous action of living bodies ever depends upon the mere distribution or activity of such force. The only force capable of explaining any of the phenomena of life, is the chemical one, and this only in a state of constant activity and interminable change. In a state of health such change takes place within a range whose limits permit beneficial, and restrict injurious action; in a state of disease the range of chemical change is widened or contracted, so that mischief results from excess of action, or the well-being of the organism is lost by deficient action. In either case the chemical composition of the cells cannot fail to be altered from the standard of health; and alteration of chemical composition is the real ground work of organic disease, since it invariably interrupts the healthy function of the part affected. Those abnormal states which depend upon an altered condition of the blood are not less strictly organic than all other diseases, for not only can no change take place in the composition of the blood without in some degree affecting all the parts which are nourished thereby; but this fluid is, strictly speaking, itself a living cellular organism, and every change which takes place therein is organic.

It may seem superfluous that one who has already expressed his opinion that the noblest functions of the healthy nervous system are invariably accompanied by organic changes therein, should argue that such changes must exist when the functions are performed abnormally. It is true that the greater pro-

position, that function is always accompanied by organic change, includes the lesser proposition, that diseased function is so accompanied; but the latter has a difficulty to contend with from which the former proposition is free, it has to oppose and subvert a long-established and erroneous theory.

Nosological arrangements and classifications are, to a great extent, natural, but they are influenced by the arbitrary laws of custom and convenience. It is thus that the class of diseases grouped under the general term of insanity has been framed to exclude the delirium of fever, of cerebritis, and other diseases of an acute form. A strictly natural nosology would doubtless include under the term all diseases of the cerebrum proper, accompanied by aberrations in the mental functions; but inasmuch as such aberrations are a frequent concomitant of a large proportion of cerebral diseases to which man is subject, it becomes necessary to restrict the term insanity to those forms of disease in which alterations of the mental functions are not only a constant but a prominent symptom. While, however, the convenience of this restriction is acknowledged, it would, in an investigation of the pathology of insanity, be most unwise to overlook those occasions of mental disturbance which take place in the course of other diseases. We often go abroad to gain accurate information and opinions on that which is taking place at home, and the special student of insanity will do well to study the causes of delirious thought and perverted feeling in all classes of bodily disorder where they are observable. If he studies insanity alone, he will be apt to fall into the common error of attributing its causation to some single pathological state, and his views will be as wrong as they are narrow. But if he studies perverted feeling as occasioned by gouty or hepatic disease, loss of intellectual power and fatal coma, occasioned by suppression of the urine and the delirium of fevers, he will be led to appreciate the full extent of blood change in the production of purely mental affections. In the delirium of cerebritis he will see a form of insanity undoubtedly produced by inflammation, and in delirium tremens he will see another form of insanity as undoubtedly produced by nervous exhaustion. He will thus be enabled to reject exclusive theories of insanity, and be prepared to admit the truth of the broad principle, that insanity may be occasioned by any and every pathological state which is capable of taking place within the substance of the brain.

The pathological changes which are capable of taking place therein, are to be learnt from a study of the symptoms

of mental disease, from the effects of remedies, and from the post-mortem appearances. Some preliminary foundation for this study may be provided by a consideration of the influences to which the organ of mind is obnoxious, tending to interrupt or defeat its functions. Sane mind being the result of the normal and physiological action of the brain; unsound mind is the inevitable consequence of its abnormal or pathological action. To what pathological actions then is it liable? As an organ abundantly supplied with blood vessels it is obviously liable to all abnormal conditions, which irregularities in the quality or quantity of the blood and the relation thereof to its tissue can occasion; it is liable to anæmia and to hyperæmia, both passive and active, and to the latter accompanied by organizable and unorganizable exudates. It is also more readily acted upon by various chemical changes in the blood than any other organ. Excess of carbon or defect of oxygen tells first upon it, and many substances in the blood which affect other organs little, or not at all, affect this noblest of the organs with intense force. All diseases therefore which depend upon the movement or quantity of the blood, and many of those which depend upon its quality, are the fruitful source of abnormal cerebral conditions. There are, it is true, many blood poisons and diseases which do not affect the brain. Thus it is strange that although the gout poison affects the temper strongly, and often endangers the intellect, that of rheumatism has no effect thereon. Tuberculosis moreover while attacking every other organ of the body very rarely affects the adult cerebrum. But the brain is liable to a species of disturbance apparently quite unconnected with the quality, quantity, or movement of the blood, a species of disturbance to which other organs are liable only in a modified and unimportant degree. I allude to the disturbance caused by sympathy with injuries of, or noxious influences applied to peripheral portions of the nervous system. Moreover, the brain is liable to conditions of exhaustion to a far greater extent than any other organ. Other organs when overtaxed in the performance of their functions, either refuse to discharge them, or gradually gain such increase of power, that they are at last enabled to accomplish the task imposed. Over-tasking the stomach destroys appetite, and the task is no longer imposed. Over-working the muscular system does not break down that system itself, but the nervous system with which it is so nearly connected; or if the over-work is within the limits of health, the muscles gradually develope by exercise,

and eventually overcome the difficulty. The over-tasked lungs throw part of their burden upon the vicarious action of the liver, and the over-tasked liver is relieved by the kidneys. But the over-wrought brain finds no help-mate in the economy of the organism; it must bear its burden alone, and suffer or succumb according to the disproportion between its task and its energies. Exertion of cerebral function if kept within due limits is followed by a state of repose peculiar to itself; but carried beyond these limits, the excitement of its function, while it produces rapid exhaustion of power, also renders the organ incapable of such repose and renovation. Over-work produces exhaustion accompanied by excitement, which continues the over-work and accelerates the exhaustion. Thus the degeneration of tissue goes on in the organ in a ratio of rapid increase, and organic decay is occasioned, sometimes quickly fatal, but more frequently resulting in permanent atrophy of the organ, with perversion and degradation of its functions.

Having premised thus much upon the generalities of the pathology of insanity, it will now be my endeavour to discriminate the particular lesions under which the brain suffers, as they are made known to us either by observations on the dead body, or by a rational estimate of the cause of those conditions. Thus, for instance, the observation of the dead body sufficiently proves that loss of mental function is in most cases dependent upon atrophy of its organ, but the loss of function which has been consequent upon the ingestion of some deleterious substance, frequently leaves no traces in the organ which are appreciable to our senses. Now to us it is not less an ultimate fact, that certain poisons interrupt the functions of certain organs, than that atrophied organs cannot discharge their functions with vigour, and hence the rational estimate of circumstances which have taken place during life are not less important in the investigation of pathological lesions than post-mortem observations. The admirable precision which microscopic observation and chemical analysis have of late years acquired, have tended greatly to distract the attention of physicians from the importance of rational pathology. Now-a-day all lesions which cannot be calculated in test tubes, or demonstrated under object glasses, are apt to go for nothing; but this kind of pathology has hitherto done little towards the elucidation of mental disease. The reason of this appears to me to be as follows:—The pathological conditions of insanity almost always involve the whole of the cerebral hemispheres. It is a matter of the

rarest occurrence to observe part only of a hemisphere to be affected with atrophy, that sure indication of pathological change; and when opportunity is afforded to observe the state of the brain in the earlier stages of insanity, it is equally rare that partial congestions are observable. Now a general condition of the cerebral convolutions capable of producing an amount of structural change, distinguishable under the object-glass of the microscope, would scarcely be consistent with a continuance of life. Changes in brain substance are frequently such as to be readily detected with the aid of the microscope. Purulent and fibrous exudates, broken up cell-structure, and fatty degeneration, are not less readily demonstrable in the brain than in other organs. But if they have existed, in connection with that amount of chronicity of disease which is essential to insanity, they must have been of small extent, and have affected the functions of the remainder of the brain by contiguous sympathy. Pathological changes of a character demonstrable by the microscope, affecting the whole or a large portion of its convolutions, are inconsistent with the continuance of life for more than a few days. It is this fact which has raised a nosological barrier between inflammations of the brain and the different forms of insanity; and it is only by a just appreciation of this circumstance that we can console ourselves for the want of that assistance to the sense of vision, which has so much advanced the knowledge of structural change in so many other classes of disease. It might, perhaps, be expected that if the microscope could not demonstrate the earlier changes of structure in insanity, it might at least make us acquainted with the chronic results of these changes. The functions of a brain extensively atrophied are scarcely less annihilated by structural change, than those of a cirrhotic liver or a fatty kidney. Moreover the obviously wasted and shrunken appearance of the organ itself, places beyond doubt the existence of profound structural change. Yet, hitherto, neither microscopists or chemists have been able to demonstrate wherein this change exists. The records of pathological societies abound in microscopic observations upon fibrous and cholesteric tumours of the brain, and such like local abnormalities, but they have as yet thrown no ray of light upon the general changes which are as common as they are important.

That the disease commonly known as insanity does not result from inflammation of the brain must be accepted only as a nosological, but not as a real truth, since cerebritis and meningo-cerebritis are undoubtedly accompanied by great

disturbance of the cerebral functions so long as they last. But many authors have asserted that mental disease, going on from week to week and month to month, is occasioned by inflammatory action of a certain kind in the brain substance. Broussais, who was the great advocate for this theory, was compelled by the absence of inflammatory products in the brains of persons dying insane, to acknowledge that this action was of a sub-inflammatory nature. Guislain, however, says, that in rare cases he has observed the arachnoid to be actively inflamed, presenting the appearance of the inflamed conjunctiva. And some recent English writers on the same subject have expressed their conviction that such appearances might be observed if the brain were examined immediately after death, believing that the injected membranes become pale by post-mortem change. For my own part I have never observed any appearances, either in the meninges or the convolutions of a person dying insane, which I could attribute to the existence of recent acute inflammation. I have, however, in numerous instances, observed unequivocal marks of inflammation not of a recent date.

Moreover, the history of the causation of many cases of insanity leads to the conviction, that although inflammation may not be the actual condition of insanity, it is not unfrequently its cause. In such instances the course of events is as follows:—A man receives a blow upon the head, or some other cause of inflammatory action. In a recent case, which has been under my care, the cause was a stroke of lightning. Immediately after the injury, pain and febrile excitement indicate the existence of inflammatory action. If this inflammation were to extend, the patient's life would be in the utmost danger. But in the instances under consideration, either the slowness of the injury, or rest and a little depletion, localizes the inflammation and its symptoms soon disappear. After the lapse of a period which varies from ten days to three or four weeks, the patient again becomes sleepless, irritable, suspicious, and fretful, easily excited to anger, always in motion, and soon delusions appear and an acute attack of insanity declares itself. Such cases are not unfrequently fatal; they are accompanied by great violence and long continued insomnolence and are apt to terminate in an exhaustion of the powers of life, expressed by the sudden or gradual failure of the heart's action. On examination after death the appearances of local inflammation in the meninges and convolutions are observable. I cannot think that the symptoms of insanity are in such cases occasioned by the inflammation. It is more probable

that the inflammation is not the condition of insanity, but is the exciting cause of a secondary pathological state upon which the symptoms of insanity immediately depend; just as the symptoms of abscess in the liver may be caused, but not conditioned by ulcerations in the intestines. What the actual state of an organ is, whose functions are disturbed by the presence of inflammatory action of a small portion thereof it is not easy to determine. In the loose employment of terms, which continues to be one of the greatest obstacles to the advancement of exact medical knowledge, the condition of such an organ would be confidently stated to be one of irritation. But irritation properly defines a cause and not a state. Irritability is a state of organic structures rendering them liable to be acted upon by irritating causes, that is, by irritation; and passing, when so acted upon, into a second state, that of excitement. When the cause of organic excitement is normal, and the organism is sound, the phenomena are regular and bear a certain definite, or, so to say, symmetrical proportion to each other. But when the causes of excitement are abnormal, its phenomena are irregular and disproportioned. The excitement of an irritable nervous system, occasioned by a wound or other lesion, manifests itself in spasmodic action of various kinds, while healthy excitement, occasioned by the natural stimuli, results in regular activity of the muscular and other organs of the body. Now the presence of a small portion of brain, recently inflamed, acts as an irritant upon the remainder of the organ, producing therein abnormal excitement, which manifests itself in an irregular and disproportionate activity of its functions, that is, in symptoms of insanity.

Such is my view of the influence of real inflammation in the production of mental disease. I must, however, guard myself from being understood to offer the term "irregular excitement of the cerebral functions," as anything more than a verbal formula for the expression of a series of phenomena with several links of which we are little or not at all acquainted. A small ulcer in the mucus membrane of the stomach sometimes deranges all the functions of the viscus; a blow on the head causes vomiting; in either instance we know not how; but we refer the fact to others of a similar nature tabulated under the terms of sympathy or irritation, that is, we provisionally formulate our knowledge. In doing so we act in accordance with unexceptional methods of philosophizing, if we fully and constantly estimate verbal formulas for what they are, and do not permit ourselves to recognise in

them, the undiscovered truths which they provisionally represent. It is probable that the state of brain occasioned by the irritation of an inflamed portion, is that of active, but unequal congestion. This probability arises from the well-known fact observable in those parts of the body which present themselves to the sight (a hand or an eye for instance), that inflammation of a small portion is accompanied by active congestion of the remainder. The inflamed part disturbs in some way or other the normal balance between the contraction of the capillaries and the pressure of the blood. It has been hypothetically assumed that the manner in which this is effected is by the abstraction of the nerve power of the capillaries; or to speak with a less amount of hypothetical guessing, and to omit the influence of unascertained *power*, it will be sufficient to say that every local inflammation not only destroys for a time the contractility of the capillaries in the part affected, but that it also greatly diminishes their contractility in surrounding tissues. And this brings me to the consideration of the influence of congestion of the brain as a cause and condition of insanity; general inflammation being neither; first, because the undoubted appearances of general inflammation are never observed in persons dying insane; and, secondly, because the consequences of general cerebral inflammation are inconsistent with the phenomena of a chronic disease. Such a state if not speedily removed by active measures is fatal in a few hours or days. But it is otherwise with general congestion of the cerebral convolutions; this condition is consistent with the phenomena of a chronic disease, and it is actually and frequently observable in the bodies of persons dying insane. The consideration, therefore, of its causation, its nature, and phenomena, is of the highest importance. I shall not attempt to divide congestion of the meninges from that of the convolutions themselves; for although their congestion may sometimes be very obvious, while that of the convolutions is very doubtful, the intimate connexion of that membrane which in mental diseases is alone worthy of consideration, that is, of the pia-mater, is of so close and intimate a nature with the convolutions, that it is plainly impossible for it to be congested without a corresponding condition existing in the capillaries of the grey matter of the convolutions.

Preliminary to the consideration of cerebral congestion as a state of disease, it will be worth while to review the states of congestion which do not actually partake of that character. Systematic writers have distinguished various

states of the capillaries in which they contain more blood than natural, under the terms of determination of blood. plethora, active and passive congestion or hyperæmia, &c. These all appear to be varieties of the same condition, and enlargement of the capillaries with retarded but not obstructed motion of blood through them; and the slighter degrees of this condition are consistent with, and indeed are dependent upon, the healthy activity of the organs. Dr. Watson says, "Local plethora may be predicated of a part which contains more than its share of blood." The mucus membrane of the stomach contains more than its share of blood during the processes of digestion, and is therefore plethoric. If the organ is weak, and if the stimulus of food is applied to it too frequently, the transient condition of healthy plethora passes into that of morbid congestion, and pain, spasm, and morbid symptoms result. The exact counterpart of this takes place in the brain; the changes which result from the active exercise of its functions attract to its capillaries a greater share of blood, and constitute a transient and healthy state of local plethora. But if the brain is weakly organized, and if the stimulus of the work is continued beyond due limits, the state of plethora is prolonged and augmented, and the first symptoms of morbid congestion display themselves. There are few students who are not practically conversant with the slighter symptoms of cerebral congestion. Absorbed in some intellectual pursuit, the student's head becomes hot and painful, and his brain even feels too large for his skull. With exhausted powers of thought and attention he retires at a late hour as he hopes to rest, but he finds that he cannot sleep, or if he does sleep his repose is unrefreshing and disturbed by dreams. An hour's freedom from thought before retiring to bed would have enabled the partly congested brain to recover itself, and this would have been aided by taking a glass or two of wine, which would tend to relieve the distended capillaries, by utilizing the remainder of the nervous force. It was long ago pointed out by Dr. Billing that an alcoholic stimulant taken at bed time by a man with an exhausted, and one of an unexhausted system, will produce contrary effects; it helps to relieve the congestion of an exhausted brain, just as diluted tincture of capsicum relieves the congestion of a frog's foot; in the inexhausted brain, on the other hand, it tends to produce congestion, feverishness, and sleeplessness.

The condition of the cerebral capillaries during sleep is unknown to us. They are not, at least, in that state of active congestion which is the physiological condition of the capillaries of organs in a state of high functional excitement. I have elsewhere propounded and supported the theory, that the brain-cells derive nutritive renovation from the blood, principally or entirely during sleep. It would seem probable that in the physiological state, the brain is liable to determination of blood from two causes, or rather for two purposes; during waking, for the purposes of functional activity; and during sleep, for the purposes of nutritive repair. Be this as it may, there are symptoms which indicate the existence of a congestive state of brain after sleep. If the duration has only been sufficiently long to repair the exhausted energies of the organ, and if the individual be in a state of sound health, the symptoms of congestion on waking are often imperceptible. But in heavy sleepers, and after sleep prolonged beyond the necessities of the body, the period of waking presents some curious phenomena of congestion. During this state, dreams are common, and the individual is conscious that he is dreaming. Hallucinations present themselves to the senses of the sight and hearing, which the half dreamer recognises as such. There is, moreover, a sense of weight, tension and throbbing in the head, which is not always got rid of until sometime after waking is complete. This state has been referred to by the alienists of France, as presenting a very close resemblance to the mental phenomena of insanity. It wants, however, the element of emotional disturbance, for dreams of this kind are mostly sensorial. Doubtless, this and all other states in which the mental faculties are exercised in a partial and irregular manner, have a certain similitude to the phenomena of mental disease; but it seems unwise to push the comparison too far, as the French alienists appear to have done, in declaring the state of dreaming to be identical with that of hallucination from insanity.

The phenomena of intoxication present us with another example of impairment and irregularity of the mental functions, referrible to cerebral congestion. This example, however, is liable to the objection that the phenomena result from a poison in the blood, acting upon the brain. This objection does not appear to be well founded for the following reasons: Persons habituated to the use of alcohol can take large quantities of it without experiencing any injurious effect upon the mental faculties. This would not

be the case if it acted directly as a poison upon the brain substance ; for it is observed that substances which do act in such a manner, do not lose their power over the mental faculties by habitual use. The most habitual opium eater dreams dreams and sees visions under the influence of his drug, even to a greater degree than the beginner. Moreover many narcotic substances, which produce very remarkable effects upon the mental faculties, do so without any appearance of cerebral congestion. Stramonium, belladonna, and aconite, may especially be mentioned as examples of this fact. These substances, which act without causing congestion, always produce their effects when they are taken ; but the effects of alcohol are most uncertain. A quantity which in some men will produce little or no alteration of mental activity, will in others occasion the greatest and most irregular excitement of thought and feeling. And this difference exists not only between men who are habituated to its use and those who are not, but among those of sober and temperate habits. Moreover, in certain states of the system, as in typhus, the largest quantities of alcohol may be taken without producing one symptom of intoxication. In such states its whole force is expended in sustaining the flagging energies of the nervous system, and if it tends to occasion cerebral congestion it is pernicious.

The phenomena of alcoholic intoxication, therefore, I hold to be in a great part due to the cerebral congestion which it occasions ; and these phenomena appear to me to present a far closer resemblance to those of insanity than any of the states of dreaming, or of partial and irregular sleep. The phenomena of intoxication are unfortunately familiar to every one ; they vary greatly, however, according to the nervous organization of the drunkard, and according to the form and vehicle in which the alcohol has been imbibed. The sottish, swinish drunkenness of an English ploughman, with his stomach full of sour beer, is quite a different thing to the mad inebriation of an excitable Frenchman on fire with eau de vie. In the former, drunkenness consists more in partial palsy of the muscles and oppression of the brain, than in any thing deserving the name of excitement. In the latter, exalted and perverted sensation, flighty imagination, blind passion, giving way to maudlin sentiment, a general and violent stimulation of the mental faculties are the obvious characteristics of the condition ; and they so closely resemble the phenomena of insanity, that while they last they may be said to be almost identical therewith.

If, therefore, alcoholic intoxication is the result of active cerebral congestion, and if its phenomena so closely resemble those of insanity, that, considered apart from their cause and the condition of the stomach, they frequently cannot be distinguished, a strong probability is established, on the principle of referring like phenomena to like cause, that one pathological cause of insanity is that of active cerebral congestion. Such congestion is, doubtless, not uniform throughout the organ. "In the normal, nutritive conditions, a certain uniformity is found to exist; that is, a uniform distribution of the nutritive material, whence both the central and the peripheral organs are developed."—*Weld*. But in abnormal conditions of the circulation this uniformity of distribution no longer exists, and in anæmic or hyperæmic conditions, the functions of a compound organ are thrown into a state of unequal excitement or depression. In simple congestion of the organs, "Natural contractility and sensibility are lowered; but pain, spasm, and morbid sympathies are often excited, although in a manner much less distinct and constant than in inflammation or determination of blood. Thus, congestion of the liver is sometimes accompanied by pain or tenderness; sometimes it is without either. Congestion of the stomach sometimes causes gastralgia, nausea, and vomiting, and altered appetite; but these symptoms are often absent when the amount of disease of the liver or the heart, and the subsequent occurrence of hæmatemesis, leave no doubt that the stomach was congested. The same remark is applicable to the kidneys, the uterus, the brain, and other organs."—*Williams's Principles of Medicine*. Such is the account given by a distinguished and acute pathologist of the irregularity of function produced by congestion; but the analogy from an organ whose function is simple to one whose function is so complex as that of the brain, can afford but a slight insight into the effect of similar pathological conditions in the two instances. Of the abdominal and thoracic organs, the stomach is that whose functions are the least simple. Its muscular movements are as ingeniously adapted to an end as those of the heart; they are even more complicated and less mechanical. In addition to this, the functions of secretion and absorption, discharged by its several sets of glands, add to the complexity of its duties. Congestion, as we have seen, causes irregular excitement or depression of all its functions, nervous, muscular, and secretive; yet, compared with the brain, how few and simple are its duties. The functions of the organ of the mind are more numerous than

those of all other parts of the body put together; nor less distinct in themselves and inter-distinct in their action. Consequently any pathological state which destroys their equilibrium, producing irregular depression of some functions, with irregular excitement of others, must cause a wider and more intricate range of anomalies than is observable in a similar state of the more simple organs. The truth of these observations is not alone restricted to states of cerebral congestion; they refer equally to all pathological states of the organ dependent upon the condition of the blood-vessels and their contents in relation to the nutritive plasma, and the cells. As, in the body at large, it only happens in a state of perfect health that the nutritive fluid is distributed in due and uniform proportion to the several parts, so it is in that microcosm of the body, the brain. In a state of perfect health the nutritive fluid is distributed in due proportion to each of its several parts, producing an uniform and well-balanced excitement of function; but in abnormal states of the circulation, this proportioned excitement of function disappears and is replaced by irregular excitement. *Some functions become torpid and oppressed, while others are excited into preternatural activity; and this state affords the basis of insanity.* We are too little acquainted with the physiology of the several parts of the cerebral convolutions to form any opinion as to the possibility of that vicarious action which we observe in abnormal states of the other organs. Probably no such action exists; probably that part of the brain devoted to the perception of sensation discharges no other function in any state of disease; and the same of those parts devoted to the various functions of intelligence, emotion, and propensity. The whole phenomena of insanity appear to be capable of elucidation from the irregular depression and excitement of the various parts of the brain devoted to the various functions of mind.

The difficulty which this theory has to overcome is that of so-called perverted function, in which a mental state neither appears to be explicable by excitement nor by depression. But with regard to the sensational and intellectual activities this perversion of function is merely apparent; and even the phenomena of perverted emotion, as I shall endeavour to shew in another place, are capable of being explained in a manner consistent with the theory, that excitement and depression are the only abnormal states to which the separate functions of mind are liable.

It may be objected that the pathological relations existing

between the blood and the cerebral cells, which are imperfectly represented by the terms *hyperæmia*, *anæmia*, &c., are not usually, and indeed very rarely, of that partial character which the theory of unequal excitement would seem to require. When opportunities are afforded for the examination of brains in which these conditions are observable, it is found that the convolutions are not in a hyperæmic or an anæmic state in parts only, and that in other parts they are in a healthy condition, or in a normal state. It is, on the contrary, found that the pathological appearances afforded in congestion of the pia mater and brain, or in a pale and anæmic brain, are general and uniform; and it may not appear easy to reconcile this uniformity of appearance with the theory of loss of uniformity in function. Succour can, however, again be obtained from analogy. It is found that pathological conditions affecting the whole body do not occasion uniform excitement or depression. The instance least liable to objection is that of general anæmia arising from loss of blood. In this condition all the organs are found more or less exsanguine; and it might, a priori, be supposed that the consequence of this state would be a general failure or debility of the bodily functions. But in reality this is found to be by no means the case. The greatest irregularity prevails from the excitement of some functions and the depression of others. It is reasonable to suppose that the same irregularity of function may be occasioned by the same apparent generality of pathological condition in the brain. Of the congeries of organs that subserve to animal life some are more disposed than others, either from congenital or acquired tendencies, to take on diseased action. Of general pathological conditions of various kinds, some are disposed preferentially to affect one organ, others to affect other organs. Similar laws hold good in that congeries of organs which subserve to mental life; and hence the explanation of the fact that pathological states, which to all appearance implicate impartially the whole extent of the cerebral convolutions, result in comparative excitement of some functions, and depression of others. In brains organized with exact similarity, like pathological changes would doubtless occasion like effects. The effects would indeed differ from each other in consequence of the selection which pathological changes invariably exercise in their action upon the organism. For instance, urea in the blood would invariably affect the temper; stramonium, or chloroform, would as surely affect

sensorial activity; and other pathological states of the nutrient fluid would exercise a similar preferential choice. But, the pathological condition being given, the results would always be uniform, if the congeries of mental organs possessed a uniform proportion. But in fact, this is not so. No one brain is like any other brain. Either by the force of inheritance from parent organisms, or through the influence of education or other modifying circumstances, every mind possesses such a peculiarity and individuality in the relative susceptibility and strength of its organs, that the same disturbing influence never produces in two brains exactly the same pathological effects. Thus that transitory pathological state occasioned by the introduction of alcohol into the blood, causes in one man excitement of angry feeling, in another that of joviality and benevolent sentiment, in another maudlin self-depreciation, in another intellectual vigour and enjoyment. Thus it is obvious that pathological states, whose symptoms during life, and appearances after death, seem to mark them as states of the whole cerebrum, are capable of being the cause and occasion of the most diverse states of excitement or depression in the congeries of organs whose union forms the brain, and whose action constitutes the mind.

Of late years the application of a stricter logic to the appearances in the minute blood vessels, recognized by a diligent use of the microscope, and to the phenomena of nutrition and decay, have occasioned great modifications in the scientific sense of the terms congestion, inflammation, atrophy, &c. A part is no longer acknowledged to be inflamed in which there is pain, heat, redness, and swelling. One pathologist insists that *stasis* of blood in the capillaries is necessary to the condition; another, that the true mark of the inflammatory action is the formation of fibrine exudates. Virchow goes so far as to call all disturbances of nutrition, and even all atrophies and degenerations, by the term inflammation.

Now that condition of the small vessels of the brain which has in these pages been designated hyperæmia or congestion, doubtless gives rise to occasional stasis, and still more certainly is the occasion of new exudates. That these exudates do not tend to consolidation, or to the formation of fibres, or of pus cells, may perhaps be allowed to distinguish them from those which take place in the so-called inflammations. And my denial that insanity is frequently conditioned by congestion, and rarely or never by cerebral inflammation, may be expressed with greater accuracy in the terms, that

insanity is conditioned by disturbances of the cerebral circulation, which produce transparent exudations of serum, and interrupt the normal endosmotic motions, but which do not occasion the fibrinous and purulent exudations which are found in cerebritis.

The real importance of disturbances in the circulation depends upon their being the cause of disturbance in the nutrition of organs. The microscope has done much to elucidate the pathological changes which take place within the vessels, but next to nothing to inform us of those more important changes which take place in the cells. The changes which take place in the vessel, accelerate, impede, or interrupt the nutrient supply of the cell; and questions relating to the stasis of the blood, to the formation or increase of the white corpuscles, to the dilatation or contraction of the smaller arteries or veins, the permanent size of the capillaries, the disappearance of Valentine's quiescent stratum, and other questions and facts relating to changes in the small blood vessels in congestion and inflammation, derive their real importance from their bearing upon the question of interrupted cell-nutrition. Outside the vascular wall the microscope has been able to make but few and inconclusive revelations. Exudates can indeed be observed when they have become organized, although they also escape observation when they first transude clear and fluid. But those far more common and important exudates, which remain clear and fluid until the pathological condition which has occasioned them has passed, those productions of congestion which interrupt by their presence and their pressure the endosmic nutrition of the cells and the functions of organic life, are indistinguishable by the microscopic pathologist. But the cell, the agent of function and the centre of interest to the rational pathologist, conceals all its earliest and most important changes under the veil of transparency. In the words of Weld, "If we desire to resolve the life of the organism, as it were, into its elements, we must endeavour to acquire a more intimate acquaintance with the vital properties of its elementary organs—the cells; we must endeavour to ascertain how the first appearance of the cells in the homogeneous, *blastema*, is evidenced—how their multiplication by division proceeds—what metamorphosis they undergo—what are the conditions presented in the cells in their further existence—whether they remain stationary in their external habit or not—what stage of development they reach—whether motile phenomena occur in them—or, in

other words, we must strive to comprehend the cells as something living, in their nutrition, propagation, and movement. This vital and physiological survey must also be carried on in a pathologico-histological point of view, so that we must not be content to confine our regards merely to what is presented in the dead subject."—*Sydenham Society's Translation*.

It is adverse to our hopes of rapid progress in the knowledge of the ultimate conditions of disease, that those parts of the organism which are endowed with the greatest vital energy, contain the smallest proportion of solid material adapted to the successful manipulation of optical and mechanical pathologists. Every minute particular in the formation of bone and cartilage appears likely to be known, and a large space in the transactions of the Pathological Society is devoted to papers read by dentists, on the disease and construction of the teeth. But the diseases of nerve cell, and of muscular fibre, are beyond the ken of eighth of inch object glasses; and, in all probability, pathologists will long have to knock their heads against the impracticable translucency and minuteness of those parts in which the ultimate conditions of serious disease are most frequently seated.

The conditions of the minute vessels in a state of hyperæmia will, however, explain one important fact on which I have commented upon above, namely, the depression of function in one part of a compound organ, with the excitement of function in another part, when the whole organ presents the appearance of uniform congestion. It appears from the experiments of Bidder, that the notion, hitherto common, of the dilatation and contraction of the capillaries is erroneous. The small arteries and veins which are distinguishable from the capillaries by nuclei, and which also possess a layer of muscular fibres, which is wanting in the capillaries, contract under the first stimulus of an irritation, and subsequently dilate. When dilated, they supply a larger stream of blood to the capillaries. From hence arises a larger quantity of nutritive plasma, and greater functional activity. But in other parts of the same organ a different state of the small vessels may exist; the veins and arteries may be dilated and contracted in a varicose manner, and the flow of blood through them be less than in their normal condition. Or it may be interrupted by adherence of the corpuscles to their wall, and to those of the capillaries, indicating the commencement of stasis. Under such circumstances the nutritive plasma, exuding for the renovation of the cells, will

be greatly diminished, and functional activity will be depressed. This is one reason why functional uniformity in a compound organ suffers from congestion. Another cause arises from the nutritive exudations which take place in excess in one part of the organ, occasioning a species of hypertrophy in that part, and thus giving rise to pressure in other parts of the organ, which pressure prevents transudation, and impedes functional action.

But in addition to this explanation of loss of uniformity of function in the inequalities of pathological changes, another cause of equal potency is to be found in the organization of the compound organ itself. The congeries of organs constituting the brain, like the congeries of organs which constitutes the body, is rarely devoid of one or more organs, which differ from the remainder either in their size and power, or in their weakness and in their aptitude to incur morbid change. As in the body of different men any disturbing influence operates almost exclusively upon the pulmonary, or the intestinal mucus membrane, or upon the heart, or upon the liver—so in other men any cause disturbing the physiological conditions of the brain, operates almost exclusively upon some one or other of the emotions or propensities. This power of selection may, in some instances, be attributed to the mere size and preponderating force of the organ. Thus a man in whom the exercise of intellect and the subjugation of passion, has been the result of life-long effort, will, under the influence of any excitement, experience exaggerations of the intellectual functions alone; or, a man who has habitually submitted himself to the domination of benevolent or malevolent emotion will, under excitement, have the benevolent or the malevolent emotions exclusively exaggerated. In the natural and healthy state of the organs, the preponderating force of any one of them may be overlooked; but when any morbid excitement occurs, the preponderating force of the dominant organ makes itself unmistakably felt. In De Quincy the excitement of opium pictured before the imagination a gorgeous array of poetic fancies; in Coleridge it resolved itself into the more intellectual type of metaphysical subtilties; in the savage Malay it produces revolting acts of headlong fury and bloodshed. The stimulus of alcohol is the occasion among men of high intellectual organization, “of the feast of reason and the flow of soul.” Among the pariahs of civilization it is the cause of base passion and brutal excess. These facts give a clue to circumstances which not unfrequently present

themselves in the history of mental diseases, in which the natural bent of the character and disposition is observed, not to be perverted, but only to be exaggerated beyond the boundaries of sane mind, by the action of morbid changes. A lady, whose character has always been distinguished for conscientiousness, and whose religious education has been of a sombre kind, has an attack of small-pox, during which, symptoms of acute delirium and cerebral congestion shew themselves. After recovery from this zymotic disease, the natural bent of the mental disposition is found to be greatly exaggerated. The irritability of conscience has become an actual disease, destroying the happiness of the individual, and rendering her incompetent to discharge any of the duties of life. A distinguished Admiral, who has always been remarkable for pride and liability to passionate anger, is subjected to severe chagrin from a supposed neglect to which the Government has subjected him; he suffers from a distinct crisis of cerebral excitement with loss of sleep and general feverishness, and for the remainder of his life his pride and passion are exaggerated to the dimensions of undoubted insanity.

As in one man a cold always flies to the bowels, and in another to the lungs, so the causes of mental disease strike exclusively upon one or the other organ of the mind. In the instances I have given it does so, because the organ affected is the most liable to excitement, from its predominance in size and vigour. But the vigour of any bodily organ renders it less rather than more exposed to morbid influences. The cold, or the fever, or the poison, flies to the weak organ rather than to the strong one. The cause of this difference between the glandular organs of the body, and the cerebral organs appears to lie in this, that in the bodily organs healthy excitability has strict limits, and the amount of functional force within the limits of health is also strictly defined. But in the cerebral organ it is not so; not only do size and power increase with action, but excitability also increases; use and habit render the intelligence or any of the emotions not only more vigorous in action, but more ready to act. In this respect some parts of the muscular system bear a close analogy to the cerebral.

There is, however, another class of circumstance opposite to the above, in which causes of morbid change affect a particular mental organ, on account of its weakness and not on account of its strength. There appears to be a difference in this respect between the organs which subserve the emotional functions,

and those which subserve the intellectual. In the former, the size and vigour of an organ render it more obnoxious to be affected by morbid influences; on the other hand, on that part of the cerebrum devoted to the intellectual activities, it is the weakness and imperfection of the organs which render them peculiarly liable to take on diseased action.

That insanity is frequently conditioned by a preternatural fulness of the cerebral vessels, which interferes with the uniform and healthy interchange of nutritive plasma, passing from the vessels to the cells, and of the fluid cell contents in a state of involution or degenerative metamorphosis, passing from the cells to the vessels, a fulness unaccompanied by exudation tending to become organized, that is, by congestion, and not by inflammation, is proved—

First. By the exciting causes of many cases of insanity, which causes evidently tend to hyperæmia of the brain, and which in their more powerful operation frequently give rise to inflammation itself. Injuries to the brain, from blows, falls, or exposure to heat, if of a certain intensity, produce inflammation; if they be of a less intensity, in predisposed persons, they give rise to insanity. Repeated congestions of the brain from alcholic drinks have a like effect. And finally that frequent and unquestionable cause of congestion in all organs of the body, overwork of the organ itself, is a well recognized and efficient cause of mental disease.

Secondly. The symptoms attending many cases of insanity are those of cerebral congestion. The forehead and vertex are hot, the face flushed, the conjunctiva injected, the carotid and temporal arteries beat strongly. Sometimes there is pain in the head, more commonly there is a sensation of weight and dulness. Moreover, the general system suffers from that imperfect and undeveloped state of pyrexia which accompanies active congestion of any important organ.

Thirdly. Remedies which are efficient in the removal of congestion, are most beneficial in the early stages of many cases of insanity. Cold applied to the scalp by means of the ice-cap, cold lotions, or irrigations of cold water; leeches to the temples, and cupping to the nape of the neck, derivation to the intestinal canal by purgative medicines, or to the skin by warm baths, produce the most marked benefit in the early stages of mania, arising from the causes and accompanied by the symptoms above stated.

Fourthly. When opportunities occur to examine the post-mortem appearances of such cases before they have become chronic, and have passed into the conditions of atrophic

decay, the appearances are those of congestion of the pia-mater, with deepened colour of the convolutions, sometimes, but not always, accompanied by punctiform injection, or general pinkiness of the white substance of the cerebrum.

I am fully aware that an objection may be raised to the congestive theory of the pathology of insanity, from the fact that those diseases of the heart and lungs, and tumors pressing upon the jugular veins, which appear to be efficient causes of cerebral congestion, may, and frequently do exist, without symptoms of mental disease. The objection must be admitted for what it is worth. It is sufficient to stimulate enquiry into the essential differences of congestions variously caused; but it does not appear to be sufficient to set aside the strong arguments adduced in favor of the theory. The brain of persons not predisposed to insanity may be able to accommodate itself to congestion slowly produced by the operation of these causes. Such congestions are likely to affect the whole of the cerebral organ equally; and, may, therefore, be wanting in that loss of uniformity which constitutes so remarkable a feature in the mental disease. Doubtless there are many persons who suffer from extreme degrees of emphysema of the lungs, or of disease of the heart, who display no symptoms of mental disorder. But it is not certain that in all instances the congestion which empurples the face, extends itself to the organ of mind. And on the other hand there are cases sufficiently numerous in which the impeded return of the blood from the head, occasioned by thoracic disease, does appear to produce mental disorder. I have seen several cases in which asthma has appeared to have this effect; and Mr Ley, of the Oxford Asylum, has observed many cases in which pulmonary emphysema has been the remote cause of insanity. The probable cause of apparent anomalies in this matter would seem to be that in some cases congestion has been slow in its production and uniform in its extent and influence. In such cases the mental functions are debilitated but not deranged. I have never seen an instance of extensive pulmonay emphysema, or of any other disease which occasioned marked and persistent congestion of the head and face, in which there was not some debility of mental function. That such debility is not at first apparent, receives a probable explanation from the fact, that congestions arising from obstructions to the return of the venous blood, display themselves in the vessels of the areolar tissue and of the skin, in a more marked degree and at an earlier date than in the vessels of large glands

and other important organs. Thus obstructions to the blood in the lower parts of the body give rise to œdema of the cellular tissue of the legs and abdominal dependencies, before they interfere greatly with the functions of the liver, the kidneys, or the intestinal canal ; and the same rule appears to hold good in congestion from venous obstruction in the head. The active discharge of function in large vascular and energetic organs, resists the influence of such causes of congestion long after the vessels of the cellular tissue, whose functional activity is much lower in degree, have been thrown into a pathological condition thereby. The greater the functional activity of a healthy organ, the more energetic its resistance to the causes of disease.

Anæmia.—That numerous instances of insanity are conditioned by a state of the cerebral vessels generally, but imperfectly expressed by the term anæmia, may be proved by an array of arguments similar to those which I have adduced to prove the influence of congestion :—

First.—The efficient causes of numerous cases of insanity are actual loss of blood, or a deficiency in its nutritive powers occasioned by insufficiency of food, or by impediments to the conversion of food into healthy blood, or by the numerous anti-hygienic influences which limit the quantity, or weaken the nutritive quality of the blood in the cerebral vessels. Anæmia is a vascular condition with which the microscopist is far less intimately acquainted than with that of congestion. It is not much that he can learn respecting it from the foot of the frog, the wing of the bat, the tail of the tadpole, or the mesentery of a young rabbit. It is a condition on which the inductive reasoning of the general pathologist is of more weight than the prying eye-sight of optical philosophers. After death the whole mass of the organ is found to be paler than usual, and that is about all with which actual observation has hitherto been able to make us acquainted. But even could it with ease be demonstrated upon the field of the microscope that cerebral vessels in an anæmic condition had any distinctive characteristics, it is improbable that such observations would explain more than the simple fact which we can understand as well without ; namely, that a dilute state of the blood is as great a hindrance to functional vigour as that congestive commencement of *stasis*, which deranges endosmic action, by an opposite condition of the capillaries. Certain physiological actions being necessary for the nutrition of the brain cell and its healthy functional activity, any impediment to these actions

interrupts this activity. Hence the mark-worthy fact that the essential symptoms occasioned by congestion and anæmia greatly resemble each other. The physical symptoms of fainting from loss of blood, and of coma from suffocation, are sufficiently distinct, but the psychical symptoms resemble each other very obviously. In both there are the same affections of the senses, the same sparks and flashes before the eyes, the same tinnitus aurium, the same thick coming fancies followed by loss of consciousness, the same painful sensations attending recovery. The slighter, but more persistent, degrees of hyperæmia and anæmia are attended by symptoms readily distinguished from each other, both by physical and psychical symptoms. In hyperæmia, with hot head and fullness of the cerebral vessels, the cerebral functions are discharged with slowness and difficulty. In anæmia, with pale face, cool head, and weak pulse, the cerebral organs are in a state of irritable weakness, easily excited to action, the action however being powerless and irregular. In fact, the mental state in anæmia differs from that which is observable in hyperæmia, much in the same manner as the muscular system in an exsanguinated person differs from the muscular system in one morbidly plethoric. In the former it is quick, irritable, and tending to convulsive irregularities; in the latter, it is less subject to be thrown into violent action or convulsion, and its motions are slow and oppressed. This distinction, however, is by no means constant. The state of anæmia, carried beyond a certain point, destroys the functional excitability and activity of an organ. Moreover, when an organ has made decided progress in the march of retrogressive change, it loses its excitability. Thus it happens that anæmia of the brain, combined with atrophic decay, is accompanied by loss of functional activity, and is a frequent cause of dementia; while, on the other hand, the rapid nutrition of some portions of the brain, occasioned by a moderate degree of active hyperæmia, augment functional susceptibility and power.

I must in this place guard myself from a possible misapprehension which may arise from the stress which I lay upon the quantity and movement of the blood in the cerebral vessels. I am so far from regarding these as the ultimate causes of insanity, that I look upon them merely as one link in the series of proximate causes, and that link at two removes at least from the termination of the chain. Between the ultimate condition upon which mental function, either normal or abnormal depends, and the condition of the blood in the

cerebral vessels, there must at least intervene the condition of the stroma external to those vessels, and the condition of the cell contents. To these, may, perhaps, be added, the condition of the capillary, and of the cell walls. But these conditions are beyond the sphere of our present powers of observation. The state of the blood in the capillary vessels is the circumstance lying the nearest to that ultimate molecular change resulting in functional activity, with which our present powers of observation are able in any way to make us acquainted. We must trace the path so long as it is visible, and we must carefully take its bearings at the point of its disappearance. The direction of its last visible trace is often of more value to guide us onward, than the whole length of its previous course. But the importance of any link in the series of causation must not be under estimated because it is placed at some removes from the end thereof. The aim and end of science is to predict. If our knowledge was complete, we should be able to predict with certainty from the conditions of any one part in the path of causation, the conditions of all subsequent parts, and of the end. If our knowledge was complete of the cerebral organization, we should from any morbid state of the cerebral capillaries and their contents, be able to predict the anomalies of mental function which would result therefrom. To this end it is true, we should require to possess a knowledge of the state of the cells, upon which morbid conditions of the circulation have to act. And herein lies the great difficulty of pathological science; these minute, but all important constituents of the organization, refuse to yield their secrets. All that we know of them is, the place where they lie in the path of causation, namely, between the net work of capillaries and the phenomena of function.

Rokitansky has expressed his opinion that the conditions of the nerve mass are independent of those of the nutrient supply, and that the state of the capillaries and their contents is often, if not generally, a phenomenon consecutive to and dependent upon the state of the nerve cells. At bottom, this is more a question of words than of fact, and resolves itself into the inquiry of the origin of thought and consciousness. If healthy blood supplied to healthy nerve substance, is the only origin and occasion of nervous function, nervous function must be dependent and consecutive upon the supply of healthy blood. But if healthy nerve substance can set in movement its own activity, by an independent and spontaneous act, which occasions those molecular changes of involution and repair, to effect which the capillaries and their

contents are essential, then Rokitansky's view of the pre-ordination of cellular change to vascular change, may possess some probability.

But even admitting the possibility of this, the connection between cellular and vascular change is of so intimate a character, that it is difficult to assent to Rokitansky's proposition, that pathological conditions of the cerebral vessels are to be viewed as secondary phenomena. This question is of far greater importance than may at first appear; since it has been quite the custom among a certain class of writers, to argue that the pathological changes discoverable in the brains of insane persons are secondary changes, of little importance to the elucidation of mental disease. Pinel, and after him, Esquirol, unfortunately expressed this opinion. These great alienists, with vast experience of the phenomena of insanity, lived and wrote before pathological knowledge had become developed into a science. They looked for gross and unmistakeable changes of structure. Failing to discover these they were led to the admission (which no sound pathologist of the present day would endorse,) that functional disturbance may exist without organic change, and that organic change may exist without necessary connexion with functional disturbance. Their observations have been quoted, and their opinions repeated and developed by numerous writers, whose prejudices or pre-conceived beliefs have led them to regard insanity as the condition of a certain metaphysical entity; and it is to be regretted that so high an authority as the great pathologist of Vienna, should in any way be available for the support of this false and mischievous opinion.

The opinion that pathological conditions of the cerebral vessels are secondary phenomena, is available for this purpose, because such conditions are the only visible and appreciable changes which present themselves in a large number of instances. The theory of the metaphysicians is based: 1st, upon the assumption that insanity may exist without cerebral change; and 2nd, upon the assumption that the visible changes which are most observed (that is, the vascular changes,) are not primary and essential phenomena, but secondary and unessential. It therefore becomes of the utmost importance that clear ideas should be formed respecting the succession and dependence of pathological phenomena.

That functional disease, both of the brain and of other organs, may exist without appreciable change of structure.

is a fact which will continue to be explained by some persons of a certain mental constitution, by certain verbal formularies respecting vital and spiritual dynamics, and which will by other minds, who submit their operations of thought to more narrow and stringent rules, be attributed solely to our limited powers of observation. But the question of the primary or secondary nature of the pathological changes which are found to exist in the brains of persons dying insane, is a point on which differences of opinion exist, even among persons who look to structural change alone as the cause of functional disturbance. The opinion of one side may be thus stated—the morbid activities of the cerebral cells, being excited by sensational impressions, are the determining cause of morbid conditions of the cerebral capillaries. The adverse opinion may be thus stated—a morbid condition of the cerebral capillaries, occasioned by agencies influencing the circulation, are the sole determining cause of morbid changes in the cerebral cells. An appeal to the etiology of insanity seems to assure us that both views are partially right, and both are partially wrong. Functional disturbance of the brain may, undoubtedly, be occasioned by changes provoked in its organism by sensational impressions, and between such impressions and the cerebral vessels a condition of the cerebral cells must undoubtedly intervene. In cases of insanity so produced (that is, in most cases dependent upon moral causes,) it may be granted that a pathological condition of the cerebral vessels cannot be antecedent to a pathological condition of the cells. But if subsequent thereunto, it must be immediately subsequent and necessary.

It is supposable that the first cell change is slightly anterior to any modification of the capillaries which supply nutriment to, and remove material from, the morbid cell. But it is impossible that morbid changes can take place in the cells of an organ, without the capillaries being immediately influenced thereby. Any change so produced in the capillaries may therefore be theoretically called secondary; but if secondary, it is, nevertheless, a necessary change, without which the condition from whence it arises cannot exist.

The physiological vascular changes which take place in the lungs, are secondary to impressions made upon nerve cells. It is thus that they are first excited, and continue to be maintained. But they are a necessary consequence

such impressions, and a necessary condition of the continuance of such impressions. Thus, although secondary, they are not the less physiologically necessary.

In all instances of insanity arising from physical causes, it is probable that the pathological condition of the cerebral cells are subsequent to, if not dependent upon, the pathological condition of the cerebral capillaries. It is unnecessary to go through the roll-call of the physical causes of mental disease; suffice it to say that injuries to the head, fever, suppressed discharges, alcohol, and other noxious ingesta, can only influence the cerebral cells through the medium of the capillaries.

There may be some doubt respecting cases occasioned by nervous irritation propagated from distant parts of the body, or affecting the brain in the manner which we formulate under the term of nervous sympathy. With regard to all other physical causes of mental disease, it is scarcely possible to doubt that a pathological condition of the cerebral vessels is not only an essential condition of the disease, but that it is also one which takes place in order of time antecedent to any pathological condition of the cerebral cells. But, whether the cerebral changes observable in the insane are primary or secondary, it cannot be denied that they are the results of the disease; and even if it could be proved that they were invariably of a secondary character, they would not the less bear testimony to the nature of insanity being that of morbid physical change in the cerebral organs. Undoubtedly the vast majority of the pathological appearances observed in the cerebrum, are of a secondary nature, since they are those of atrophy and decay. The charred beams and blackened walls of a ruined homestead, do not speak more eloquently of previous conflagration, than the dilapidated roof and mouldering structure of a building decaying from age, speak of the slower process of oxidization or eremacausis; and a brain with organized exudations, testifies not less strongly to previous deviations from normal physiology, than an atrophied brain, without such accompaniments, speaks to the existence of the slower process of defective nutrition and degenerative metamorphosis.

Insanity is a chronic disease, and not often fatal in its early stages. It is therefore unusual to meet with the simple appearances of congestion, or of anæmia, which have hitherto occupied our attention. The commonest appearance met with in the brains of insane persons, is that of shrinking. I have, in the January number of the *British and Foreign*

Medical Review, for 1855, published some investigations made upon this important subject; and I have there tabulated the measurements and weights of sixty-four brains, which were examined for this especial purpose.

The manner I adopt for estimating the amount of atrophy is as follows:

“The brain, including the medulla oblongata, is slowly immersed in a vessel of convenient size and shape, which is filled with water up to the level of a capacious spout placed at an acute angle with the sides. Before the brain is so immersed, the contents of the ventricles, and any serum which may be in the sub-arachnoid tissue, are allowed to escape through several long incisions. The organ is not allowed to remain immersed long enough to imbibe water, which it is capable of doing in large quantity, as proved by the experiments of Nasse. As it descends in the vessel, the water it displaces escapes from the spout, is caught and measured, and affords a criterion of the actual bulk of the brain. (See 18th column of Table.)

The capacity of the cranium is obtained by a somewhat more troublesome process. It is well known that one of the older physiologists employed millet seeds for this purpose; Sir W. Hamilton used sand: but neither of these methods would be feasible in the recent subject. The plan I have adopted is as follows: The foramina at the base of the brain are carefully plugged with tenacious clay—that used by statuaries for modelling answers best; a small triangular piece of the frontal bone is removed with the saw; the calvarium is readjusted to the base, the dura mater being left attached. The space left by the attrition of the saw in removing the calvarium, is filled up with clay, and a narrow bandage, with clay spread upon it, is made to surround the cranium three or four times, covering this space. If this manipulation has been carefully done, the cavity of the cranium will now be found as tight as a bottle. Sixty fluid ounces of water having been measured, a sufficient quantity to fill the cranial cavity is now poured from it, by means of a funnel through the orifice in the frontal bone, taking care that the stream does not wash away the luting of the foramina. The fluid which remains, after having filled the cranial cavity, is measured, and being deducted from the sixty ounces, gives the amount employed. (See column 19 of Table.) Thus, if nine ounces and two drachms remain, the capacity of the cranium was fifty ounces and six drachms; and if the amount of the fluid displaced by the brain was

forty-five ounces, the amount of atrophy was five ounces and six drachms. To this must be added half an ounce occupied by the luting, giving the actual amount of atrophy as six ounces and two drachms. Of course this examination is made before the chest is opened."

For the results of these sixty-four examinations, I must refer the reader to the table at pages 216 and 217 of the above-named journal. The general results were an average amount of atrophy to the extent of five ounces and a quarter, varying from nothing to fifteen ounces, or one-third of the whole cerebral mass. In thirteen patients whose ages exceeded sixty-five years, the average amount of atrophy was eight ounces and one sixth, or more than fifty per cent. above that of the whole number. The amount in epileptic cases was greatly below the average of the whole. The general result arrived at was that—

"In cases of chronic mania, of dementia following mania, and of primary dementia, the amount of cerebral atrophy may generally be calculated upon by the enfeeblement of mental power. In all these forms of disease, I have found some amount of atrophy, and I have, for the most part, found this amount to correspond with the degree of mental decadence estimated with its duration. The first of these conditions, that is the degree, it is impossible to tabulate; the second, that is duration, it is not easy to show accurately in a tabular form. The sixth column of my Table represents the duration of disease from the period of the first appearance of symptoms, as nearly as it could be ascertained. These symptoms may have been slight for years, and grave for a short time only before death."

"It must not be thought that extensive atrophy is only found where the mental symptoms have been those of impairment or loss of function. It is not inconsistent with much mental excitement, or with numerous delusions, but such excitement is powerless, and the delusions are transitory and puerile. Whether *measurable* atrophy exists in the early stages of acute mania and melancholia, the data I possess do not prove; although they are amply sufficient to demonstrate that the cerebral conditions upon which these forms of insanity depend, tend to pass into an appreciable and measurable shrinking of the brain substance, unless the healthy cerebral action be speedily restored."

"Opinions on the ultimate nature of the nutritive defect which results in cerebral atrophy and insanity, must necessa-

rily be speculative, since the ultimate nature of nutrition itself is unknown to us.

Its apparent and exciting causes may be classified as follows :

1. In predisposed persons it may depend upon poverty of blood, since it is producible by deficient food, and by diseases interfering with the alimentative processes; and since an analogous train of symptoms occurs during starvation.

2. It is probable that in other cases it may depend upon some derangement of 'the intimate connexion between the nervous and vascular systems, through which their most important functions are performed.' Because it is sometimes found to be accompanied by extensive disease of the minute cerebral vessels, the coats of which can be shown to be subject to fatty or earthy decay.

3. A third class of cases would appear to be producible by the molecular change effected by blows or violent concussions, and followed by atrophy, owing to some process as yet unknown to us. Atrophy of a testicle from a blow, without inflammation, presents an analogous instance.

4. Another class of cases are those following inflammation, and perhaps also following frequent or long-continued congestion. The basis of inflammatory action is an abnormal state in the mutual relationship between the blood and the tissues. That this state effects changes in the tissues, which, if not speedily repaired, must be followed by conditions of degraded nutrition, is proved by the pathology of every organ in the body. The brain certainly offers no exception. The capillaries become blocked up, or their coats become spoiled, for the purposes of nutritive regeneration of the tissues.

It also appears probable that, during inflammatory or congestive conditions, albuminous matter or serous fluid may be effused by the capillary network into the intimate structure of the brain; thus separating its vesicles and tubules from the capillaries, and preventing the due nutrition of the elements of nerve-structure. For this form of atrophy, we have formerly suggested the prefix of *relative*, as it may exist where there is no shrinking of the brain; atrophy with shrinking being termed *positive*. The two, however, may, and frequently do, co-exist.

5. The most numerous class, however, is that which depends upon want of rest, and the especial period of nutrition of the brain—namely, sleep. Want of refreshing sleep I believe to be the true origin of insanity, dependent upon moral causes. Very frequently, when strong emotion tends to the production

of insanity, it causes, in the first instance, complete loss of sleep. In many cases, however, the power of sleeping is not lost, but the quality, so to say, of the function is perverted, the sleep being so distracted by agonising dreams, that the patient awakens jaded rather than refreshed. I have known several instances in which patients becoming convalescent from attacks of acute mania, have distinctly and positively referred to frightful dreams as the cause of their malady; and it is probable that a certain quality of sleep, in which dreams excite terror and other depressing emotions more forcibly than waking events are likely to do, is not less adverse than complete insomnia to the nutritive regeneration of that portion of the brain on whose action the emotions depend. In such a condition, it is highly probable that the very portions of the brain which most need a state of rest are even, during the sleeping quiescence of other portions, more wastefully engaged in the activity of their functions, than they could be in the waking state. The mainspring of insanity is emotion of all kinds; this, stimulated by phantasy, and emancipated from the control of judgment, during harassed sleep, may be more profoundly moved than at any other time. Bichat considered sleep to be a very complex state, in which it was possible for the cerebral functions to be in very different conditions of quiescence or activity: "*Le sommeil général est l'ensemble des sommeils particuliers;*" and he considered that dreams represent the active or waking condition of certain of these functions during the repose of the others. In this manner, a patient, some one or other of whose emotions has been profoundly affected, may continue to be sleepless, as far as the activity of the particular emotion is concerned, although he may by no means be the subject of general insomnolence; and this consideration will afford what seems to be a fair explanation of the exceptional cases to this rule, that the moral causes of insanity act by preventing the due nutrition of the brain, as it occurs during sleep."

On these five classes of the causes of atrophy, I shall here make some further observations. In tracing the course of cerebral atrophy, it will be convenient to select that variety thereof whose causation and phenomena are of the most simple and intelligible kind. This would appear to be presented by the atrophy accompanying old age. The balance between the functions of repair and decay, which in health maintains every organ in a state of size and power, uniform within certain limits, is lost as age advances, and the tissues of the body lose their perfect organization and

pristine vigour. The duration of the life of an animal depends upon the period of its existence when this loss of balance occurs; but it is impossible to explain why these slow but fatal changes take place at certain specified periods; why the tissues of a sheep become worn out at a period of ten years, and those of a man endure seven or eight times as long. It is impossible even to point out any necessity for this degradation of tissue at all. We must accept, as an ultimate fact or as a law of nature, that such degradation of tissue in the organs of all living beings, takes place at a certain fixed period of their existence. To say that this period is fixed by the laws of hereditary tendency explains nothing. In man, this change commences, as we well know, at the age of sixty years. About that time, the nutritive repair of the organs begins slowly to fall short of the amount of their decay. The muscles gradually become smaller, weaker and paler, and the brain undergoes the same process of change. In the brain, one cause of this process, is perhaps, more easily traceable than in other organs; namely, to a change in those minute vessels by means of which the processes of nutrition are carried on. It is true that the cerebral capillaries are beyond the reach of satisfactory microscopical observation; but the cerebral arteries may be observed with facility. The coats of these are found to be thickened and opaque, and occupied by that which is called atheromatous deposit, namely, by a material composed of fatty substances and earthy salts. In the larger arteries, whose different coats are distinguishable, this fatty deposit, or rather this fatty degeneration, is found to have its seat external to the elastic coat, and internal to the outside cellular envelope. If this degenerative change can be traced in the smallest arteries, whose construction is capable of being submitted to observation, it is in the highest degree probable that the change is not limited to them, but that it extends to the unnucleated capillaries, whose minuteness forbids its demonstration. The plasma of the blood permeates the capillary walls from within, outwards; and the exhausted cell fluid permeates from without, inwards, with slowness ever increasing as the capillary walls are injured by deposit. From this slowness arises lentor of the cerebral functions, displaying itself at the earliest period in those functions whose activity is not kept alive by habitual use; and to a still greater degree in those functions whose activity is dependent upon the stimulation of the senses, whose organs have also undergone

contemporaneous decay. But debility of function, arising from the slow interchange of material between the capillaries and the cells, would not account for atrophy, if the balance of the interchange was still exactly adjusted. Slowness of mental function is often seen in persons of phlegmatic habit from this cause, without the condition of atrophy being present. But in the degenerative changes of old age, the balance of exchange between the capillary and the cell contents is not maintained. The probable explanation of this is afforded by the supposition, that the greatest activity of exosmosis from the capillaries takes place in that part of the capillary system which is adjacent to the arteries; while the most active endosmosis of exhausted cell fluid takes place into that portion of the capillary system which is adjacent to the minute veins. Now, the pathological changes under consideration affect the arterial system, if not exclusively, yet to a much greater extent than they affect the venous system. The arterial capillaries have coats more thickened and degenerated than the nervous ones; and thus a greater impediment is placed against the outflowing of the materials for nutrition and repair, than against the inflowing of the exhausted cell fluid, and the foundation of atrophy is established. Whether any pathological changes corresponding in their nature to the fatty degeneration of the arterial coats, take place in the cell walls themselves, we are unable to ascertain, or even to gain better grounds for reasonable conjecture, than the probable participation of all the tissues in the degenerative changes. The law which limits the duration of organic completeness, which weakens the force of that unknown something which we call vital power, and which permits the chemical affinities of the constituents of the body to exert themselves with increasing force, this law, doubtless, operates upon all parts of the organism, although with different degrees of intensity, and at different periods of time. The glands which secrete the hair on the vertex vacate their office before those which secrete the hair of the brows, and the latter do so long before the glands which secrete nails. But the law of decay is universal, and doubtless touches the cerebral cells independently of their connexion with the minute vascular network.

Next to the atrophy of old age, that proceeding from pathological changes of the vascular system, approximating to the state called inflammation, is the most simple and intelligible.

I have above given reasons for the opinion that the chronic

class of diseases known under the generic term of insanity, are not referrible to inflammation of the great nervous organ. Inflammation, however, may, and sometimes does cause changes in the organ, which are the conditions of insanity. In the brain the state of inflammation itself either very quickly ceases, or very soon causes death ; but when it does cease, it leaves behind it consequences which are frequently the causes of insanity, and the conditions of cerebral atrophy.

Inflammation of all soft organs is apt to result in atrophy, after the organizable products which at first increase the bulk of the organ have contracted upon the blood-vessels, and cut off to a greater or less extent the nutrient supply. The heart, indeed, affords an apparent exception, but its structure is seldom inflamed, and its hypertrophy is consequent upon increased exertion, necessary to overcome mechanical difficulties which have arisen from inflammatory injury of its valves or serous covering. Inflammation of the brain is followed by atrophy, with as much certainty as inflammation of Glisson's capsule is followed by atrophy of the liver. Whether it arises from the same cause appears doubtful.

The structure of the brain contains no quantity of areolar tissue corresponding to that which, when augmented by inflammatory processes, squeezes the liver into a hob-nailed callosity. The cerebral ependyma is exquisitely minute and fine, recognisable only to the most skilful microcopist, and it has not hitherto been shewn to be subject to any pathological change. The atrophy of the brain following inflammation would seem rather to be the result of injury to its capillary vessels, than of shrinking occasioned by the contraction of organizable exudations, or of thickened areolar tissue. The coats of the cerebral vessels are more prone to change than those of any other part of the body, and after inflammatory processes the coats of the minute arteries are found to be thickened and opaque, and those of the larger arteries to be marked by more or less extensive patches of aplastic fibrine, or atheroma. There can be no doubt that the capillary vessels are subject to a similar change, and that thus the due amount of nutritive supply to the cellular tissue is effectually cut off.

Moreover, the nutrition of the brain depends upon its exercise, and its exercise depends upon the perfection of its organization. Its organization once injured by inflammatory action, its uniform and harmonious exercise becomes

henceforth impossible, its nutrition is impeded, and atrophy results.

It will appear from the above, that I attribute a large share of mental disease to pathological conditions of the brain, whose most prominent characteristic is defective nutrition of the organ. In a very large proportion of cases, this deficient nutrition is manifested after death in an actual shrinking of the brain, a shrinking which is co-extensive with the duration and the degree of loss of mental power. This loss of power marks all instances of cerebral decay, and is consequently a condition of most chronic cases of insanity. Partial mental excitement is, it is true, an incident constantly recurring, even in forms of mental disease where the general loss of power is most conspicuous, and where organic atrophy is found to be most considerable. This partial and irregular excitability is common to organs whose nutrition is defective, and the general vigour of whose functions are greatly weakened. Thus a diseased stomach, quite unable to supply the amount of solvent secretion needful to digest a due supply of food, frequently torments its wearer by excessive and irritating secretions of gastric juice, at times when it can serve no good purpose, and only tends to heartburn and acid vomiting. So also the atrophied brain is exceedingly prone to sudden erethism, more or less partial, which manifests itself in strange and irregular excitement of the mental functions. Such excitement is usually followed by increased debility of function; and it is by no means uncommon to observe a regular alternation of mental excitement and debility. The excitement is more or less partial, and affects principally the emotional functions. The intellectual functions are also liable to be so affected, but inasmuch as the operation of the whole of these functions is necessary to the performance of common intelligential acts, and, as in spoilt brains, the whole of them are not usually excited at the same time, the fact of the excitement of any one of them often excites no observation.

The emotional and instinctive functions present the most frequent and easily appreciable instances of cerebral excitement. Pathologically they present counterparts of excessive gastric secretion, which takes place in the ill-nourished stomachs of phthisical patients; and there can be little doubt that if we knew the locality of the different functions of the brain, and were capable of inspecting its organs during life, we should find this temporary and partial excitement characterized by local erethism of the tortuous vessels of the pia

mater. It is one indication of the small share which inflammatory processes have in the production of mental disease, that the partial hyperæmias to which the atrophied brain, is peculiarly liable, never result in true inflammation.

Insanity by Sympathy.—That the organ of mind is thrown into diseased action by sympathy with, that is, by suffering with, other diseased or injured parts, is scarcely less certain, than that the stomach, the heart, or the spinal marrow, are so affected. The *modus operandi* of this cause of disease, is by no means clearly intelligible, either in relation to the brain, or to other organs; the explanations usually offered being little more than diversified verbal formularies of the fact. Thus, when we say that irritation of the cervix uteri is reflected upon the stomach, occasioning vomiting and distress in that organ, we come no nearer to an explanation of the mode of action, than when we say that the stomach sympathizes with, or suffers in conjunction with, or in consequence of, irritation of the organ first affected. And in like manner, when we say that the brain suffers sympathetically with the uterus or stomach, we use a mere verbal formula for the colligation of two facts, with the intimate nature of whose connexion we are wholly unacquainted. The knowledge which we actually possess on this subject, may, in general terms, be thus stated—the most important organs of the body are liable to be thrown into states of functional disturbance by irritation or injury of other, and frequently of distant, parts. The liability to this disturbance depends, in the first place, upon what is called constitutional irritability, or a state of the nervous system in which slight causes produce great effects; and, in the second place, upon the intimate connexion of the organ secondarily affected with the nervous system, and its liability to be thrown into disorder by any alteration or disturbance in the state of that system. Any premature attempts to explain this important pathological fact, by hypotheses respecting nervous currents, or the exhaustion of nervous power, seem at present rather likely to obscure than elucidate the matter. We may, however, come one step nearer to the view of the fact, by considering all sympathetic disturbance as taking place in the nervous system itself; and in viewing the functional disturbance of secreting and other organs, as merely the expression of abnormal states of the nerves in those organs. Strictly speaking, therefore, sympathetic vomiting or palpitation, is as purely a nervous phenomena as loss of consciousness or convulsions; and the latter as mental excitement or delusion.

In early life, the cerebro-mental functions are more intimately connected with those of the spinal system, than at subsequent periods, and distant irritations are more frequent and efficient causes of mental disturbance in the infant than in the adult. Delirium and coma are, in children, frequently produced by intestinal irritation. In the adult, in comparison with convulsions, delirium is so rarely a consequence of simple irritation, that it furnishes one strong proof that the brain proper exercises its functions with great independence of the excito-motory or spinal system. The most frequent and unquestionable instances of cerebral disturbance from distant irritation or sympathy, are afforded in epilepsy and hysteria. In both of these diseases, the paroxysm is compounded of disturbance both of the cerebral and spinal functions; but during the interval, cerebral disturbance alone is frequently present, and in the paroxysm itself it is never wanting. In epilepsy, especially is this the case; for loss of consciousness, which is the primary and leading feature of the paroxysm, is the most serious and profound indication of cerebral disturbance, no less, in fact, than the temporary abnegation of all cerebral function. In hysteria, loss of consciousness is of less certain occurrence, although sometimes it is doubtless complete. In the interval of hysteria, however, cerebral disturbance is not less marked than in epilepsy. The emotions are constantly perverted, and even delirium is by no means uncommon. Now both of these diseases are frequently but the expression of sympathy with irritation of distant parts of the nervous system. The one is produced by irritation of the nerves of the uterus and its appendages, and the other by the irritation of almost any portion of the peripheral nerves, by worms in the intestines, renal calculus, painful injuries and diseases of the limbs, &c. Therefore these diseases present unquestionable instances of mental disturbance, occasioned by sympathy of the brain with irritation of the distant nerves; of the central organ of the system, suffering in its noblest functions, in sympathy with some fibres of its peripheral extension.

The most probable explanation of these sympathetic disorders is, that injury to one part of the nervous system interferes with the processes of secondary nutrition taking place in other parts. The rapidity with which they occur, may, at first sight, seem adverse to this view; for instance in the case related by Dr. Gooch, "Dr. Denman passed a ligature round a polypus of the fundus of the uterus; as soon as he tightened it, he produced pain and vomiting. As soon as

the ligature was slackened, the pain ceased; but whenever he attempted to tighten it, the pain and vomiting returned. The ligature was left on, but loose. The patient died about six weeks afterwards, and on opening the body, it was found that the uterus was inverted, and that the ligature had included the inverted portion." Sympathetic disturbance of the functions of the brain are, in some instances, scarcely less rapidly occasioned, or capable of receiving more immediate relief. Thus the irritation of a cutting tooth, will sometimes produce, in a child, delirium and coma; and the removal of the irritation, by incision of the inflamed gum, will remove the symptoms almost as speedily as in the example above quoted. But when it is considered that the processes of secondary nutrition are those upon which the functions of all organs immediately depend, and that any interference with their nutrition must necessarily and immediately disturb the normal course of these functions, the short interval which is frequently observed to exist between the production of irritation and its sympathetic consequences, will present no difficulty to the theory which explains the latter in the manner here suggested. In our present state of ignorance of the manner in which influences are communicated from one part of the nervous system to other parts, it is impossible to explain how the processes of secondary nutrition in the nervous structure are interfered with in distant parts thereof. But this difficulty scarcely diminishes the probability that the explanation offered is the true one; and, indeed, only presents one of those imperfect links in reasoning, which the immaturity of physiological science renders of such constant occurrence in all departments of medical science. The operation of remedies is consistent with this view of sympathetic disturbance, since those narcotic substances which retard the processes of waste and repair in the nervous system, afford the most efficient means of preventing the nervous function from suffering in consequence of peripheral nervous injury. Moreover, this view of pathological sympathy, is consistent with the only rational view of physiological sympathy. Secretions are the result of secondary nutrition. Many secretions are normally excited by the irritation of nerves more or less distant; that of the mamma, for instance, of the testis, and, to some extent, of the gastric glands. Here then at least, are processes of secondary nutrition energetically influenced by the irritation of distant nerves. It may be doubted whether the application of this argument can be extended to the functions of the brain. It has, indeed, been affirmed that the organ of ali-

mentativeness or of amativeness is excited to functional activity—that is, to a quicker process of secondary nutrition—by irritation of peripheral nerves. But what central organ is excited to desire the heat of a fire, by the painful impression of cold? or the luxury of repose, by the not less painful sense of fatigue? There is scarcely a separate organ for each of the many wants and desires which nature, or still more imperious habit, has impressed upon us. The desire of alcohol, perhaps, comes under the alimentative head; but the desire of opium and tobacco is not less urgent in those habituated to their use. In localizing unessential wants and desires, the phrenologists have outstript, not only the slow march of exact observation, but also the strong flight of induction. In attempting to turn out of hand a round and perfect system, they have, in this respect, speculated with more boldness than wisdom.

The organs of the brain are far less under the influence of the peripheral nerves, than are the periodic glands. A man may be as hungry as a famished wolf without thinking of food. Loud sounds may strike upon the waking ear, or vivid and remarkable objects upon his retina, without exciting attention, if the mind is deeply absorbed in other matters. Nevertheless, the mind may and constantly does act in sympathy with the state of the peripheral nerves; and the normal waste and repair of the brain is constantly, although not solely, influenced by the impressions made upon the nerves of general, special, and functional sense. This independence of the brain upon those nervous irritations and impressions, which doubtless impart to it the first stimulus to functional activity, but which subsequently exercise a permissive, rather than an imperatorial influence; this independence was needful for the preservation of mental health. The brain has its own laws, and is no abject dependent upon the sensations. Had it been otherwise sanity would scarcely have been possible, and man would have been the puppet of every mean circumstance, the reasoning automaton of wind and weather. The moral law could for him have had no existence, and his thoughts, feelings, and actions, must have followed as the necessary consequence of the latest sensory impressions. Sensations are, in the first instance, needful to excite the mental functions into activity. Without the stimulus of sense the infant cerebrum would remain, devoid of ideas and emotions, an inert mass like a lung; perfect in structure, but into which air has never been admitted. But once excited to action and supplied with ideas, the brain is no longer dependent upon the organs of sense. It can act without them or against them, employing its

energies upon the provision of ideas furnished by memory, and by its own emotional and instinctive habits.

Pathology of Monomania.—Every one conversant with the phenomena of insanity, is aware that there is a considerable number of patients in whom the aberrations from mental soundness are limited in the range of objects to which they apply, and in the range of subjective faculties which they implicate. In many instances of this kind, an enduring perversion of the modes of thought, the foundations of belief, and the workings of emotion on one, or at least a few objects, are the well recognised symptoms of that form of disease which systematic readers treat on under the head of Monomania. It would be incorrect to say, that in the purest cases of monomania none of the faculties are weakened, since the simplest hallucination or delusion proves a want of healthy energy in the perception or the judgment. But as a whole, and outside the morbid subject of opinion and feeling, the mind is not weakened. Moreover, the general health of such patients is excellent; and if they die of any acute intercurrent disease, no pathological appearances are observed in the brain. To account for the perverted opinions and emotions of such patients upon the principles advocated in this essay, is a more difficult task than in the more numerous cases in which existent pathological change can be demonstrated in the cerebral organ itself, or reasonably inferred from the accompanying symptoms. Considering the vigorous and healthy activity of the mental functions most implicated in monomania, on all subjects outside the circle of delusive opinion; considering the unimpaired state of the bodily health so frequent in these cases; and lastly, considering the absence of pathological appearances in the brain after death; it is impossible to attribute the mental phenomena to active processes of disease existing in the cerebral organs. But inasmuch as all perverted function is dependent upon abnormal states of the material organs; inasmuch as many instances of the kind under consideration originate in the ordinary causes of morbid change, and are accompanied during the early part of their course by the ordinary symptoms of cerebral disease, and that they sometimes, though rarely, give way under the influence of time and moral treatment; it is certain that these functional perversions are dependent upon abnormal states of their organ; states which it is difficult to recognize as pathological, however they may deviate from the standard of structural perfection. The only rational explanation, of which these conditions of functional perversion with apparent health of the

organism appears capable, is, that afforded by the establishment of a habit of cell-growth and nutrition in the mould or type impressed by a previous state of diseased action.

A diseased state of the blood-vessels of the organ establishes a certain irregularity in its cell development, and impresses upon the intimate structure of the organ an abnormal habit of nutrition, which endures after the pathological factors have been removed.

The physiological habit or constitution of the whole body is frequently altered by an attack of acute zymotic disease, which has, nevertheless, left behind it no legacy of determinate pathological change.

That which takes place in the body at large is by no means uncommon in its most important organs, and an irregular habit of functional activity is a frequent legacy of disease in the stomach, kidneys, and uterus. This habit depends upon a peculiar arrangement of cells, or mode of cell-growth, impressed by diseased processes, and continuing in the same mould or type after these processes have ceased.

This explanation of diseased function arising from physiological growth, taking place in a pathological mould or type, has been admirably elucidated in Mr. Paget's second lecture on "Surgical Pathology." He says :

"The last condition which I mention as essential to healthy nutrition, is a healthy state of the part to be nourished."

"This is indeed involved in the very idea of assimilation which is accomplished in the formative process, wherein the materials are supposed to be made like to the structures among which they are deposited ; for unless the type be good the antetype cannot be."

"When any part or any constituent of the blood has been injured or diseased, its unhealthy state will interfere with its nutrition, long after the immediate effects of the injury or disease have passed away. Just as in healthy parts, the formative process exactly assimilates the new materials to the old, so does it in diseased parts ; the new formed blood and tissues takes the likeness of the old ones in all their peculiarities, whether normal or abnormal ; and hence the healthy state of the part to be nourished may be said to be essential to the healthy process of nutrition."

"After any injury or disease by which the structure of a part is impaired, we find the altered structure, whether an induration, a cicatrix, or any other, as it were, perpetuated by assimilation. It is not that an unhealthy process continues ; the result is due to the process of exact assimilation operating

in a part of which the structure has been changed; the same process which once preserved the healthy state maintains now the diseased one."

"Yet, though this increase and persistence of the morbid structure be the general and larger rule, another within it is to be remembered: namely, that in these structures there is usually (especially in youth,) a tendency towards the healthy state. Hence cicatrices, after long endurance, and even much increase, may, as it is said, wear out; and thickenings and indurations of parts may give way, and all again become pliant and elastic."

"I can hardly doubt that herein is the solution of what has been made a hindrance to the reception of the whole truth concerning the connection of an immaterial mind with the brain. When the brain is said to be essential, as the organ or instrument of the mind in its relations with the external world, not only to the perception of sensations, but to the subsequent intellectual acts, and especially to the memory of things which have been the objects of sense, it is asked, How can the brain be the organ of memory, when you suppose its substance to be ever changing? Or how is it that your assumed nutritive change of all the particles of the brain, is not as destructive of all memory and knowledge of sensuous things, as the sudden destruction by some great injury is? The answer is, because of the exactness of assimilation accomplished in the formative process. The effect once produced by an impression on the brain, whether in perception or intellectual act, is fixed and there retained; because the part, be it what it may, which has been thereby changed, is exactly represented in the part which, in the course of nutrition, succeeds to it. Thus, in the recollection of sensuous things, the mind refers to a brain, in which are retained the effects, or rather the likenesses, of changes that past impressions and intellectual acts had made. As, in some way passing far our knowledge, the mind perceived, and took cognizance of, the change made by the first impression of an object acting through the sense organs on the brain; so afterwards it perceives and recognises the likeness of that change in the parts inserted in the process of nutrition."

Mr. Paget thus supplies arguments for a strictly cerebral view of mental power, which go deep to the root of the matter. If he repudiates the conclusions to which his reasoning necessarily tends, it may be owing to some lack of confidence in his audience. He may think that to teach the identity of mind and of cerebral function, is mental food too strong for the College of Surgeons. As Mephisto exclaims:

"Das Beste das du wissen kanst

"Darfst du den Buben doch nicht sagen."

But his teaching will strengthen the mental digestion, and after a while stronger diet may be ventured upon. Is Physiology never to be freed from the incubus of a supposed tendency to atheistic opinions? It has, indeed, been unfortunate that this beautiful science has found some of its most diligent cultivators among men of such opinions, who have perverted its truths to the support of their impious sophisms. But at the present day, Atheism and its twin sister, Pantheism, have their strong-hold among the anti-physiological spiritualists, while the great hope of the Christian in a future life, and the basis of his faith in a personal God, are defended even by the ablest Divines, upon physical grounds. (See the Rev. Isaac Taylor's *Physical Theory of a Future State of Existence*.)

All that Mr. Paget says respecting the physiological growth of brain upon the pathological type of disordered sensation, will fully apply to the same growth on the type of disordered emotion; and his views afford an admirable basis of the only rational explanation of partial insanity occurring in persons in whom, during life, there are no physical phenomena of diseased brain, and in whom, after death, there are no pathological appearances in the organ of mind.

To resume, the theory of partial insanity without appreciable change of the brain, is as follows: When the disease first exists, it is attended by pathological states of the cerebral vessels. A morbid condition of the cerebral organization is occasioned, attended by the phenomena of insanity. After a short time the vessels recover their tone, the brain is nourished, and its size maintained as a whole. But the original balance of its organs is not regained; their nutrition having been impressed in the type or mould of their diseased state. Perhaps some of the cerebral organs encroach on others by their actual bulk; undoubtedly, some of them overbear others by their greater activity. The result is chronic mental disease, of a nature which leaves behind no pathological appearances.

(To be continued.)

On the various Forms of Mental Disorder, (being the Substance of Lectures Delivered at the York School of Medicine,) by DANIEL H. TUKE, M.D., Visiting Medical Officer to the York Retreat.

(Continued from page 246.)

In describing the symptoms arising from the derangement of the group of faculties last under consideration, namely, those termed moral, and with which man is specially endowed, as contrasted with the lower animals, it might have seemed natural to detail those morbid mental phenomena, which Prichard and others have so much dwelt upon when treating of moral insanity. But such a perverted condition of the moral sense is so almost invariably indicated, and often only discovered by the activity of the *animal propensities*, that it is more convenient to treat of it under the third class of mental disorders. It is likewise more consistent with our adopted principle of classification, which consists in referring each mental disorder to that group of faculties, the affection of which is essential to its manifestations. In homicidal mania, the animal propensities are of necessity called into action, whether the homicidal act be the result of their diseased action, in association with a healthy condition of the higher sentiments, or of their normal action when associated with, and therefore uncontrolled by, a state of the moral sense rendered powerless or feeble by disease; be it congenital or acquired, or the result of functional disorder or structural changes. We usually become cognizant of diseased mental conditions by *positive*, not by *negative*, symptoms; some overt act or explosion of passion will, in general, be the first proof of such disease of the moral sentiments, as involves their occlusion or inertness, when they ought to be in exercise. Should the disease be of such a nature as to increase the *activity* of these faculties, then we have an exhibition of religious excitement or ecstasy, a morbid condition already treated of.

That intellectual power, and the perception of moral truths do not necessarily exist in the same degree in the same person; that they do not always develop themselves *pari passu*, are propositions which, as the result of common observation, obtain general acceptance. But that there should be anything like congenital defect of the moral sense (*anomia* of

Dr. Rush,) in conjunction with intellectual powers not strikingly deficient or even of superior quality, is a proposition not so generally recognised, nor so easily established. It is obviously one which must be carefully considered in the description of mental diseases. With its medico-legal bearing we are not now concerned.

Many analogies subsist between the moral and intellectual faculties, and in many respects they may be observed to be under the influence of the same laws. The sentiments, no less than the intellect, are indicated by, or associated with, certain temperaments and physical signs; thus good nature usually co-exists with a sleek and fat habit of body. Virtuous and vicious tendencies would often appear to be hereditary; or, as congenital, are displayed from the earliest infancy, in children subjected to the same educational influences. The moral faculties may be either excited or depressed by disease. "Who has not seen," asks Dr. Rush, "instances of patients in acute diseases discovering degrees of benevolence and integrity that were not natural to them in the ordinary course of their lives?" Dreams affect the moral faculties as well as the intellect; under their influence we are benevolent, devotional, passionate, and affectionate, as well as imaginative and talkative.

Ray, after treating of mania as it affects the intellectual powers, proceeds to observe, that a more serious error can scarcely be committed than that of limiting its influence to them. "It will not be denied," he adds, "that the propensities and sentiments are also integral portions of our mental constitution; and no enlightened physiologist can doubt that their manifestations are dependent on the cerebral organism. Here, then, we have the only essential condition of insanity -- a material structure connected with mental manifestations; and until it is satisfactorily proved that this structure enjoys a perfect immunity from morbid action, we are bound to believe that it is liable to disease, and consequently that the affective as well as the intellectual faculties are subject to derangement."* This writer cites from Hoffbauer the following unqualified assertion to the same effect: "It is clear," he says, "that mania may exist uncomplicated with mental delusion. It is, in fact, only a kind of moral exaltation (*tollheit*), a state in which the reason has lost its empire over the passions, and the actions by which they are manifested, to such a degree that the individual can neither repress the former, nor abstain from the latter. It does not

* *Jurisprudence of Insanity*, p. 163.

follow that he may not be in possession of his senses, and even his usual intelligence, since, in order to resist the impulses of passions, it is not sufficient that the reason should impart its counsels; he must have the power to obey them."

One of the most striking features of insanity in general, and the strongest proof of the presence of any of its forms, is the change which takes place in the individual's character and habits. To cases of congenital deficiency of the intellect, however, whether altogether idiotic or only partially imbecile, it is at once manifest that this test does not and cannot apply. In such instances, the natural character is itself in an abnormal condition, and ceases to be the standard of health.

This observation applies with equal force to the matter now under consideration. If there ever be, congenitally, a condition of the moral sense analogous to imbecility, it is impossible to apply, in such instances, the test referred to—a test which is alone applicable to mental disease when acquired. I have seen several well marked examples of lunatics, who, on arriving at manhood, were placed under restraint, because age brought with it a certain legal responsibility, the absence of which in early life, rendered the patients' friends willing to content themselves with their own surveillance. In such cases, parents assert that the child, the boy, and the young man, alike presented the symptoms of an inert moral nature, and of an activity of the animal propensities, over which threats, rewards, or punishments exercised a very trifling control. There was formerly a patient at the Richmond Lunatic Asylum, Dublin, whose case illustrates this class. We are informed that "he exhibited a total want of moral feeling and principle, yet possessed considerable intelligence, ingenuity, and plausibility." "He has never," says Dr. Crawford, "been different from what he now is; he has never evinced the slightest mental incoherence on any one point, nor any kind of hallucination. He appears, however, so totally callous with regard to every moral principle and feeling, so thoroughly unconscious of ever having done anything wrong, so completely destitute of all sense of shame or remorse, when reproved for his vices or crimes; and has proved himself so utterly incorrigible throughout life, that it is almost certain that any jury before whom he might be brought would satisfy their doubts by returning him insane." Dr. Prichard speaks of a youth, "an incorrigible thief, and addicted to falsehood and deception in every way, and apparently devoid of all perception of right or wrong. The mother of this

* *On the Different Forms of Insanity*, 1847, p. 157.

boy was a victim to mania, or raving madness." Other examples of moral madness in early life will be found in Ray's *Medical Jurisprudence of Insanity*, p. 99, and in Esquirol's *Maladies Mentales*, tome ii., p. 115. For obvious reasons one is prevented publishing the details of many cases of this description falling under one's own observation. I may mention, however, the case of a patient admitted into an asylum at the age of seventeen, labouring under moral insanity and epilepsy. Now here there was remarkable intellectual vigor, united with an exceedingly obtuse perception of moral responsibility. His father stated that his character had been the same "from the cradle." At nine years of age he endangered the life of a little boy, his playfellow; subsequently, at school, he was characterized by similar mental qualities, learning his lessons more quickly than any other boy, yet committing many acts of violence. He was consequently obliged to leave several schools.

I know of another well marked case of peculiarity in the temper and moral disposition, which was manifested from the earliest infancy, but in which the intellectual faculties are not only equal to, but above, the average. The disease was hereditary. He has been in an asylum for years.

"We have seen," says Marc, "homicidal mania manifest itself during the *first years* of life. Thus age, considered by itself, cannot be any true guide in regard to mental disorders."*

Dr. Hulme Williams remarks "that as in the mental, so in the moral constitution, the most marked differences are perceptible. It requires but slight research to satisfy the enquirer that many instances of crime are on record, and that many examples could be adduced to prove that such an original deficiency or natural perversion of the moral faculty appertained to some individuals, as argued brutality rather than depravity of their dispositions." We presume Dr. Williams uses the term "brutality" in the sense employed by Dr. Mayo. The same writer classifies moral insanity under four heads, *one* of which is "Cases in which the development of the moral feelings or affections appears originally deficient." Now if this be a form of moral insanity, it appears inconsistent to say, as this able writer says further on, of the persons who are examples of it, "their disease is *vice*."

That all forms of insanity involve disease of the brain, whether functional or organic, whether primary or only secondary to, and symptomatic of disease in some other

* *Marc*, vol. i., p. 329.

viscus, is a truth it has been our endeavour continually to insist upon, as their distinctive characteristic. But let us distinctly understand what we imply by the term disease. "Health," observes Dr. C. J. B. Williams, "consists in a natural and proper condition and proportion in the functions and structures of the several parts of which the body is composed. From physiology we learn that these functions and structures have to each other and to external agents, certain relations, which are most conducive to their well-being and permanency; these constitute the condition of health. But the same knowledge also implies that function and structure may be in states not conducive to their permanency and well-being; states which disturb the due balance between the several properties or parts of the animal frame; and these states are those of *disease*."^{*}

To apply these principles to our present subject, we may say that disease signifies, in regard to any cerebro-mental affection, that such a condition is present other than health, as to cause a particular mental state or act of an individual. It must comprise congenital deficiency; all arrests of development occurring in infantile life; and the various diseased psycho-cerebral conditions of adult life. In some persons there is rather a congenital proclivity to disease than actual disease itself; and in these a circumstance which in persons *without* that proclivity would produce no result, will call into action, abnormal, that it is to say truly diseased, mental manifestations, although they may be only functional, and subside when the exciting cause is removed. It is to analogous cases that the above writer alludes when he observes, that "disorder may arise from an undue proportion or predominance of a function."

Should it be said that disease involves a "changed condition or proportion of function or structure in one or more parts of the body," it is to be observed that this change may have taken place at a period when it would escape notice, or even during foetal life. During the latter period, diminished nutrition of the whole body, or diminished nutrition of one part and increased nutrition of another, may have occurred; and thus resulted in the production of an undue proportion or predominance of a function—"hypertrophy of some textures frequently coexisting," as the eminent writer last cited observes, "with atrophy of others, perverted nutrition being often combined with excessive or defective, and several of these different changes often occurring in succession, in

^{*} *Principles of Medicine*, p. 2.

consequence of the operation of the same cause." There is, indeed, during foetal life, (and we may practically widen this period, and say, during that which elapses before the character is or can be observed,) abundant opportunity for the influence of perverted nutrition; whether it be in the formation of cell-germs, their passage into cells, or the subsequent processes connected with the growth and organization of the tissues; or again, whether the elements of the circulating blood be in an abnormal proportion; or lastly, whether it be by the mysterious but well-recognised principle, in virtue of which there is an hereditary predisposition to disease which rules over and perverts the nutritive processes. Thus, in a case of what may probably be regarded as congenital moral imbecility, the mother of the patient was the subject of malignant disease of the uterus during gestation. Now it is possible that this condition of the mother interfered with the proper nutrition of the cerebral tissue of the foetus, and was one among other causes which contributed to the final result.

Dismissing the consideration of cases of congenital disease of the moral faculties, we may pass on to those in which this condition of mind is met with in adult life; and here the test already spoken of may be most properly applied. The standard of mental health may then justly be sought for in the natural and habitual character of the patient. This it is which is now altered, and the symptoms by which it is rendered manifest may next be considered. Usually the change in the feelings and conduct of the patient is gradual. Frequently he is more absorbed and reserved, and on any provocation, however slight, is unreasonably irritated. He becomes suspicious, liable to attribute false motives to his friends and others, and to cast ungenerous reflections upon his nearest relatives. The husband suspects the fidelity of the wife, the wife that of the husband, without the slightest foundation. The patient is observed by strangers to be morose; and, as the cloud gathers, his acquaintance become conscious, without knowing exactly why, and very probably without once supposing the man to have become, in plain English, mad, that he is, some how or other, an altered man.

At last the storm bursts; and some act is committed of an outrageous character. He is then regarded as either insane or criminal; the former, probably, if the act does not make him decidedly amenable to the laws of his country, and his destination is the asylum: the latter, most probably, if the act has been homicidal, and he is consigned to the executioner. In other cases, an individual has been subjected to over exer-

tion of mind, his powers over-tasked, or his feelings put upon the stretch, in consequence of anxiety or unaccustomed responsibility. He then finds himself susceptible to the slightest mental emotion, loses his sleep and rest, is conscious of more or less uneasiness about the head, a sense of tension and dull aching pain, and finds himself unequal to the discharge of his usual duties. In addition to all this, he may be distressed by certain impulses and tendencies, which are alike repugnant to his reason and to the dictates of his moral nature. Often the impulse is to do violence to himself or others, or simply to break glass or articles of furniture. I know a case in which the patient was, in the first instance, strongly impressed with the desire to obtain pistols; he was astonished and perplexed with so strange and purposeless a desire.

Under such circumstances, it is no unfrequent thing for the patient to deliver himself up to the care of some judicious friend, or an asylum; and a happy thing it is for himself and society when such is the case.

Dr. Carpenter, regarding the subject simply as a physiologist, arrives at the same conclusion as that to which we are conducted by observation, namely, that "there may be no primary disorder of the intellectual faculties, and the insanity may essentially consist in a tendency to disordered emotional excitement, which affects the course of thought, and consequently, of action, without disordering the reasoning processes in any other way than by supplying wrong materials to them. Moral insanity may, and frequently does, exist, without any disorder of the intellectual powers, or any delusion whatever."

The question naturally arises, are the physical symptoms of the morally insane, such as might be looked for if they are the subjects of a physical disease? The answer has already, to some extent, been anticipated by the enumeration which has been made of several well-marked, premonitory symptoms. It should also be remembered that in many of the insane, in whom there is indisputable lesion of the understanding, the most careful scrutiny will fail to discover any disorder of the circulation, as indicated by the pulse and the respiration, or of the symptoms of secretion and excretion, as indicated by the tongue, the alvine evacuation, or the renal secretion. And with the exception of a class of cases already referred to, it may, we believe, be safely affirmed, that among those patients whose moral nature appears to be specially invaded by disease, derangement of the physical

health is almost as frequent as among those whose intellect is manifestly disordered. And the termination of cases of moral insanity in some unmistakeable physical disease, as general paralysis, will not unfrequently resolve any doubt which may have been felt previously, in regard to the existence of disease of one or more of the bodily organs.

The exceptional class thus spoken of, includes those cases of perverted moral feeling, whose history extends back to the earliest infancy, and probably to congenital mal-formation of the brain—the proof of an abnormal physical condition in whom, is to be found in various facts which a careful enquiry into the family and particular history of the patient will elicit. But even in these cases, there is one physical disease to which the patient in a large number of instances is, or has been subject, and that is, epilepsy. Nor can I forbear the expression of the belief, that convulsions in infancy are in relation to their ultimate effects on the mind not sufficiently recognized. Often do these pass away and are forgotten, when the dentition is accomplished which induced them; but some portion of the cerebral tissue has received an injury, which in any other tissue in the body, were its severity twofold, would be easily recovered from, but which in so delicate a tissue as the nervous, in which the very process of repair is so hazardous to the integrity of the associated function, permanently injures the moral or intellectual powers of the child, and is painfully exhibited as he grows up to manhood. I know a case in which a child had pertussis at three years of age, followed by symptoms of hydrocephalus from which she recovered; but ever after, there was a marked perversion of the moral feelings, without any failure in the perceptive faculties; and although her judgment is far from good, there is no decided lesion of the understanding. She is quick, has an excellent memory, and can acquire knowledge easily. Her parents state that although in the abstract, she knows the difference between right and wrong, she has appeared incapable of following the former like other children. Education failed to counteract the most determined propensities to falsehood and theft, and at the age of puberty, the sexual instinct was strongly developed, and has ever since formed a prominent feature of her malady, in consequence of which she was placed in an asylum when only seventeen years of age.

Perversion of the moral sense may also occasionally be traced to accidents followed by injury to the bodily structures; as a fall from a horse, or a blow by which the

head has sustained injury. Thus, a lad of good abilities was thrown from a horse, when twelve years of age, and his head sustained much injury in consequence, the skull bearing evidence in after life of the accident. For several months afterwards, the mind was weakened, but then gradually recovered its tone; at twenty years of age, however, he suffered from melancholia followed by alternate attacks of excitement and depression, but was not placed in confinement. Ultimately, however, it was necessary to place him in an asylum, when he afforded a marked example of moral insanity.

A careful examination of the recorded examples of moral insanity will show, that in many of them there was more or less disorder of the understanding also; at the same time they all afford examples of disorders of the mind, involving the *lower propensities* in their action, uncontrolled by the moral sentiments.

Sauvages and others, attempted to distinguish in their classification, between *hallucinationes* and *morbi pathetici*, but Pinel drew from his practical experience much more decided conclusions, and recognized a form of mental disorder to which he gave the name of *manie sans delire*, or "madness without delirium," that is to say, without lesion of the intellect. To the question placed at the head of his chapter, "Can mania exist without a lesion of the understanding?" he replies, "We may entertain a just regard for the writings of Locke, and yet think that his notions about mania are very incomplete, when he regards it as inseparable from delirium. Like this author, I thought myself, when I resumed at the Bicêtre my researches on this disease, and I was not a little surprised to see many madmen, who at no time had manifested any lesion of the understanding, and who were under the dominion of a sort of instinctive fury, as if the affective faculties alone had been diseased."*

This description, however, only includes one class of cases, those, namely, in which there is simply instinctive fury or excitement, an ungovernable passion excited upon the least provocation, (*emportement maniaque*.) Pinel's first example of mania without delirium, is of this order.†

The right understanding of the conditions to which Pinel applied the terms "reasoning madness," and "mania without delirium," as also the moral insanity of Prichard, is much assisted by the adoption of Esquirol's division, into *affective*

* *Traité Medico Philosophique sur l'Aliénation mentale*, 2nd. Edit., p. 155.

† *Op. cit.*, p. 156.

and *instinctive* monomania. In the first division, monomaniacs are not deprived of the use of their reason; but their affections and dispositions are perverted. By plausible motives, by very reasonable explanations, they gratify the actual condition of their sentiments, and excuse the strangeness and inconsistency of their conduct." In the second, "the patient is drawn away from his accustomed course, to the commission of acts to which neither reason nor sentiment determines, which conscience rebukes, and which the will has no longer the power to restrain. The actions are involuntary, instinctive, irresistible."

Dr. Prichard's observations on moral insanity apply more especially, but by no means exclusively, to the first division, (*Manie raisonnée* of Pinel, *Folie d'action* of Brierre de Boismont.) Esquirol observed, that Dr. Prichard had confounded the instinctive madness of Pinel with his moral insanity; and Dr. Prichard in a subsequent publication, admitted, that the terms have reference to two distinct classes of cases. I have already taken occasion to point out the wide area of morbid, mental phenomena, which this writer's term embraces; and a reference to his own definition may tend to a clearer apprehension of a disorder, which, more than any other, has puzzled the psychologist, perplexed the advocate, and disconcerted the divine. He defined it to be "a morbid perversion of the natural feelings, affections, inclinations, tempers, habits, moral dispositons, and natural impulses, without any remarkable disorder or defect of the intellect, or knowing and reasoning faculties, and particularly without any insane illusion or hallucination."

"The signs of reasoning monomania,"† observes Esquirol, "consist in the change and perversion of the habits, dispositions and affections. . . . The understanding is not essentially disturbed, since it assists in the acts of the insane person, and the patient is ready always to justify his sentiments and conduct. Reasoning monomania has an acute and chronic course. We distinguish three periods in it. In the first, the disposition and habits are changed. In the second, the affections are perverted, and, at length, in the third, a maniacal excitement appears, or else a weakening of the faculties, more or less rapid, leads the monomania to dementia." (p. 351.)

It is necessary to admit," observes Marc, "since facts demand it, that there are two sorts of monomania, one of which is *instinctive*, the other *reasoning*. The first bears the

† Synonymous with the same writer's *affective* monomania.

monomaniac on, by the effort of his will, primarily diseased, to instinctive and automatic acts which are not preceded by reasoning; the other determines acts, which are the consequence of an association of ideas.*

The same writer observes, in regard to the lesion of the will† that it may be primary or secondary; “in the *former*, the lesion is exclusively manifested in the faculty of the will itself, of which we shall give examples under instinctive monomania, which will leave, no doubt, as to the reality of this singular and inexplicable moral affection. In the *latter*, the lesion of the will results from the general imperfection of the intellect, or from delusions—the tenacity and the vividness of which exercise such a tyranny over the will, that they subjugate it, and render it their slave. It is, if I may be allowed the comparison, the depraved legislative power which usurps the legal independence of the executive power, and renders it its blind instrument.‡”

Thus then, it is highly important to remember, that all examples of what is called moral insanity are not necessarily instinctive, impulsive, irresistible. For although in a loose use of the word, the man morally mad, may be said to be irresistibly so, that is, his condition of mind is not voluntary; the examples of irresistible impulse belong to quite a different class. Ignorance of this distinction has often led to the most deplorable confusion. A case of sudden and irresistible impulse may, and generally does, afford an illustration of moral insanity; but many cases of moral insanity do not fall under the division of instinctive madness.

Modern physiology teaches that there is a *reflex action* of the cerebrum as well as of the spinal cord; and thus satisfactorily explains the existence of the automatic or instinctive acts. To such cases Dr. Carpenter alludes when he says “So far as the directing influence of the will over the current of thought is suspended, the individual becomes a thinking automaton, destitute of the power to withdraw his attention from any idea or feeling by which his mind may be possessed, and is as irresistibly impelled, therefore, to act in accordance with this, as the lower animals are to act in accordance with their instincts.”§

We may now consider the various special manias which involve the propensities in their action:—Homicidal mania,

*Vol. i., page 246.

† By *will* must be understood, not the desire, but the power to execute the desire.

‡ *Op. cit.* Vol. ii., page 87.

§ *Human Phys.*, Fourth Edit., p. 840.

kleptomania, erotomania, and pyromania. These may be complicated with disordered intellect, or they may not; they may be automatic and sudden in their action, or not. Rarely are they, strictly speaking, monomaniacal.

1. *Homicidal mania*, (*phonomania*, *monomanie meurtriere*, *homicidal insanity*, &c.) We shall first consider that most important form of mania, the homicidal. It is generally classed under the monomanias; at the same time it may, and often does co-exist with disorder of the mental functions generally. Examples may be found in the works of almost all writers of insanity, especially in Esquirol, Marc, Rush, and Prichard. These writers enter more or less into a consideration of its legal bearings; with these, however, we are not at present concerned. In treating of hallucinations, it was stated that a homicidal *act*, may be the result of hearing imaginary voices commanding the patient to kill. Motives, therefore, very dissimilar in their nature, and equally the result of disease, may lead to the same act; at the same time, it may be fairly presumed that such hallucination, so far from being the first, in the series of morbid, mental changes, is in some instances, itself the offspring of a diseased propensity. Attention is especially directed to this observation, because it is not uncommon for authors to charge the intellect with being the instigator of an act of which it appears to be the proximate cause; overlooking the possible antecedent genesis of the act in perverted propensities, which might suggest and give their own peculiar tinge to any hallucination or delusion. This, however, need not prevent the admission, that the primary cause of homicidal acts, may, in some rare cases be traced to the understanding; the propensities playing but a secondary rôle in their development. Again, should an individual, anxious to commit suicide, shrink from the execution of the act, he may murder another person, in order that he may himself be put to death. But here the origin of the malady is not to be found simply in an intellectual process of thought; the motive lies deep among the feelings, and is even here closely associated with the homicidal propensity.

It will be convenient to classify some of the most remarkable examples of this disorder, which are on record, under two principal heads. 1st. Those in which there is no marked disorder of the intellect. 2nd. Those in which such disorder was more or less apparent. The former class may be considered according as there was, or was not, evidence of premeditation and design. In the latter class, there are

some cases marked by deficiency of intellect, as idiocy, imbecility, &c., while others are rather indicated by a state of exaltation, shown by delusions, hallucinations, &c. These generally constitute the motive.

I. Without marked disorder of the intellect.

(a) Without premeditation and design.

1. A girl, aged five years, conceived a violent dislike to her step-mother, who treated her kindly, and to her little brother, both of whom she endeavoured to kill. The original cause appears to have been the injudicious remarks of her grandparents respecting her step-mother's marriage with their son.*

2. "A man," observes Esquirol, "aged 32, tall, of a spare habit of body, nervous temperament and mild disposition, had been carefully educated, and was a cultivator of the arts. He had suffered from a cerebral affection, of which he had been cured for several months. He had been in Paris for two months, and had led a perfectly regular life. He entered, one day, the Palais de Justice, gained access to the hall of the Pas Perdue, threw himself upon an advocate, and seized him by the throat. He was arrested, conducted to prison, and committed to my care on the same day. At my first visit, which was made on the following morning, he was calm, tranquil, without anger or resentment, and had slept the whole night. On the same day, he designed a landscape; he remembered very well what took place on the previous evening in the Palais de Justice, and spoke of it with indifference. He had, however, no recollection either of the motives or circumstances attending the act, and entertained no regret on account of it. He replied politely to my questions, without dissimulation, and with the accent of truth. "I went to the Palais de Justice, as I would have gone anywhere else, to the Palais Royal, or to the Tuilleries, like an idler, who was walking before me, without any intention or special purpose; not only had I no ill will against this advocate, but he was entirely unknown to me; nor have I ever had an interview or business with any advocate whatever. I do not understand how I could have met with a disaster of this kind. It might have taken place anywhere else, and I might have been directed to any other person." On my remarking to him, that nothing but an instantaneous disorder could explain this act, "You can explain it as you please," he said, "as for myself, I do not feel ill, and I am unable to say how this event has happened to me." During the three months that M. was subject to

*Esquirol, *Mal. Ment.*, vol. ii, p. 115.

my observation, he never was for a moment, incoherent, never delirious, and never committed an unbecoming act; he was polite and obliging to all, amusing himself with drawing, or reading serious books; he preferred solitude, but without affectation." (*Malad. Ment.*, vol. ii., p. 102; *Idem*, Hunt's edit., p. 365.)

3. A highly interesting case may be found in Marc., vol. i., page 243. When the homicidal impulse passed away, the patient would exclaim, "Release me! Alas, I have suffered much, but I have been very fortunate since I have killed no one."

4. M. N., aged 21 years, constitutionally sad and morose, and the moral faculties but slightly developed. At 18, he was increasingly sad, but neither his conversation nor his actions indicated insanity; but he declared that he felt a sort of impulse which led him to murder, and there were moments when it would afford him pleasure to shed the blood of his sister, or to stab his mother. When the horrible character of such desires, and the penalties attached to their gratification were pointed out to him, he calmly replied, "At such times I am not master of my will." More than once, after embracing his mother, he became flushed, his eyes flashed, and he cried, "Mother, save yourself, I am going to cut your throat." Soon after which, he was calm, shed tears and withdrew. For six months, during which, this young man was tyrannised over by this horrible impulse, he slept little, suffered from his head, was averse to seeing any one, was insensible to the annoyance of his family, but manifested no sign of a disordered understanding in his conversation. He had no delusion, and had no motive for these acts. After 18 months treatment in an asylum, he lost the homicidal impulse, returned home, and did not relapse. (*Gazette des Tribunaux*, Sept. 18th, 1838; Marc., vol. ii., p. 35.)

5. Case of S., a male, aged 60, dejected, but not considered insane, who suddenly seized a hammer, and struck a friend's child in the head with it; he was much attached to the child. (Dr. Metzger; Königsberg; Marc., vol. ii., p. 97.)

6. Case of A. B., a female aged 26, who experienced at every menstrual period a strong homicidal impulse. (Marc., vol. ii., p. 112.)

7. Case of a young man at Charenton, who came voluntarily, on account of an impulse with which he was possessed to kill his mother, whom he adored, and against whom he had no complaint to make. Armed with a knife which he

suddenly took from the table while dining with her, he had only just time to cry out, "Oh, my mother, my good mother, save yourself; I am about to strike you!" (Marc, vol. i., p. 49.)

8. A man attempted to stab a surgeon at the theatre, whom he had never seen before, but to whom he took a sudden and irresistible dislike. (Marc, vol. i., p. 161.)

9. M. R., a distinguished chemist, was tormented with the desire to kill, and implored God to deliver him from this temptation. When he found, however, that his will was becoming mastered by it, he fled to the superintendent of an asylum, and made him bind his wrists together. This had the effect of calming him; nevertheless, he shortly after attempted to kill one of the keepers, and he died himself in a violent paroxysm. (Marc, vol. i., p. 241.)

10. Case of a man impelled to strike a child over whom he was placed as protector; in consequence of which he delivered himself up to justice. (Marc, vol. i., p. 241.)

11. A young woman experienced homicidal impulses, for which she could give no reason, and implored every time they came, that she should be restrained by a strait-waistcoat. (Marc, *loc. cit.*)

12. A man, in a paroxysm of sudden fury, cut his son's throat and wounded his wife. This unfortunate man, who was conscious of his frightful disease, had begged to be placed in confinement. He felt the approach of his sanguinary paroxysms, and he often endeavoured to prevent the melancholy consequences by self-imposed mechanical restraints. (Marc, vol. i., p. 242.)

13. A young cook, in good health, with the exception of disordered menstruation, had a gentle disposition, but at each menstrual period she became maniacal, and would pursue with a knife any one who displeased her. After menstruation she was well, and was the first to perceive the nature of her acts. (Marc, vol. i., p. 317.)

14. A man aged 45, opulent and enjoying good health, and without any disorder of the understanding, consulted Esquirol in consequence of having felt, after reading the trial of Henriette Cornier, a strong desire to kill his wife on awaking in the night. During three weeks the same feeling returned three times, and always during the night. He had left his wife from a fear lest he should succumb to his propensity, and was very anxious to use what means he could to be delivered from this fearful (and what is termed *ideo-motor*) impulse.

15. Case of Jacques Mounin, who was subject to epileptic attacks and paroxysms of blind fury, during one of which he killed several persons. He stated that during these paroxysms he saw nothing but flames, and that their blood was most delightful to his sight. (*Georget, Discus. Med. Legal.*, p. 153 ; Ray's *Jurisprudence of Insanity*, p. 203.)

16. Case from Gall. (*Functions of the Brain*, vol. iv., p. 103. Cited by Ray, *op. cit.*, p. 200.)

In the following examples there was a powerful impulse to take away the life of *children* :

17. Catherine Olhaven. (Marc, vol. 1, p. 246 ; *Annales de Henke*, 1821.)

18. Case of Madame T. (Esquirol, *Malad. Ment.*, vol. ii., p. 126.)

19. Case at Charenton. Esquirol speaks of the patient as one "tourmentée depuis quelque temps par des idées d'infanticide et qui ne deraisonnait point." (*Malad. Ment.*, vol. ii., p. 130.)

20. Catherine Hansterin, from Gall. (*Op. cit.*, vol. iv., p. 152. Cited by Ray, *op. cit.*, p. 213.)

21. Peter Neilsen. He drowned four out of his seven children. (Reported by Dr. Otto, and cited by Ray, *op. cit.*, p. 213.)

22. Case of a servant in Baron Humboldt's family. (Marc, *Consult. Medico-Legale, pour H. Cornier*, p. 52.)

23. Case of William Brown, who strangled a child whom he accidentally met, and then requested to be taken into custody. "On the trial he said he had never seen the child before ; had no malice against it ; and could assign no motive for the dreadful act. He bore an exemplary character, and had never been suspected of being insane." (Ray, *op. cit.*, p. 200 ; Knapp and Baldwin's *Newgate Calendar*, vol. iv., p. 80.)

24. Case of Frederick Jensen, who experienced a powerful impulse to kill himself and his own boy, whom he loved heartily. (Reported by Dr. Otto, and cited by Ray, *op. cit.*, p. 204.)

25. Case of Madame N., who experienced most powerful impulses to kill her infant. "I repelled the idea," she said, "and asked myself coolly why I should conceive such frightful designs—what could inspire me with them ? I found no answer ; the same desire was renewed, I feebly resisted, was overcome, and was about to consummate the crime ; a new effort arrested me ; I quickly raised the knife to my own throat, saying, "Better, wicked woman, that you

should die yourself!" She was restored to mental health after three months' treatment (Esquirol, *Malad. Ment.*, vol. ii., p. 821.)

26. Case of a female reported by Dr. Otto. She asserted that the sight of a very young infant kindled up an irresistible propensity to destroy its life. (*Medico-Chirurgical Review*, O.S. xiii., p. 441 ; Ray, *op. cit.*, p. 200.)

27. Case reported by Dr. Michu, of a young countrywoman aged 24, who was seized ten days after her confinement, with the desire of killing her infant. She ultimately recovered. (*Memoire sur la Monomanie-Homicide*, p. 99 ; Ray, *op. cit.*, p. 209.)

28. Reg. v. Brixey, June, 1845. (*Med. Gazette*, vol. xxxvi., pp. 166, 247.)

29. Reg. v. Stowell. (*Med. Gazette*, vol. 47, p. 569.)

(b) With premeditation and design :

1. The celebrated case of Henriette Cornier, in which, however, there was no motive ; and Marc considers it as an example of the instinctive form. (Marc, vol. ii., p. 71.)

2. C. E. N. A woman who had been subject to attacks of slight mania cut a child's throat, without any other than the most chimerical motive. The physician who was consulted demurred to her being insane ; but the court ruled that she was. (Dr. Metzger, Königsberg, 1780 ; Marc, vol. ii., p. 92.)

3. Case of Augusta Willhelmine Strohn. Here the motive was thus explained : When young she had been present at the execution of a person convicted of assassination. The imposing scene which she witnessed ; the interest and even pity of so many, concentrated on one person, induced a desire that she might be placed in a similar position. Her religious principles prevented her for a long time doing anything that might bring about her wishes. But six weeks before the first act in the tragedy, she witnessed another execution, and this led her to form the resolution that she ultimately carried out, of murdering an individual, towards whom she had not the slightest feeling of dislike. (Marc, vol. i., p. 235.)

4. A highly-interesting example of this class is reported by Dr. Otto. (*Medico-Chirurgical Review*, vol. xiii., p. 446 ; Ray's *Jurisprudence of Insanity*, p. 211.)

II. Cases, in which there was more or less disorder of the intellect.

(a) With deficiency of the intellect, imbecility, &c. :—

1. Case of Henry Feldtman, reported by Georget, aged 56, described as naturally of limited mental power, and who stabbed his own daughter. (Marc, vol. i., p. 24.)

2. Case from Gall, of an imbecile who killed his two nephews, and reported his deed laughingly to their father.

3. Case of an imbecile who killed a servant who was feigning death, reported by Dr. Haindorf. (Marc., vol. i., p. 210.)

4. A semi-cretin, killed his brother-in-law with a hatchet; in this case there was a motive of revenge. (*Annales de Henké*, 1834; Marc, vol. i., p. 390.)

(b) With exaltations, indicated by delusions, hallucinations, &c. :—

1. Esquirol reports a case in which a young woman attempted to kill him in consequence of an illusion under which she labored.

2. A case of double homicide, in which the patient attributed the deed to an illusion, and in which, while the intellect was evidently disordered, there was probably also a strong impulse to destroy life. (Marc, vol. ii., p. 27.)

3. Esquirol reports the case of a man who appeared to have been eccentric all his life, and had decided delusions and hallucinations. Under the belief that a young woman called him harsh names, he drew his sword, which he was in the habit of wearing, and killed her. He escaped; was captured; again attempted escape, was much excited during the trial, and was indignant at the plea of insanity being raised. He was acquitted and placed in an asylum. (Marc, vol. ii., p. 27.)

4. Professor Grossi, of Munich, relates the case of a man, B., above 70 years of age, who became subject to delusions, in consequence of which he murdered his valet, with premeditation; also one of his children, and nearly despatched another. In the course of a year he died in a state of dementia. (Marc, vol. ii., p. 117.)

5. An officer rushed upon six of his comrades, killed one of them and seriously wounded four others. Dr. Chambeyron arrived at the conclusion, that the deed was the result of an hallucination. (*Annales d'Hygiène Publique*, tom. xviii., p. 374; Marc, vol. ii., p. 153.)

6. Pierre Riviere killed his mother, his sister and brother. He had decided delusions, and was proved to have been insane from four years of age. He was condemned to death, but on the subsequent report of his case by Esquirol, Marc, and others, his life was saved. (*Annales d'Hygiène*; Marc, vol. ii., p. 148.)

7. A German soldier killed his child, to whom he was

attached, because he believed that God wished to prove him, as he had proved Abraham. (Marc, vol. i., p. 234.)

8. A woman drowned her own daughter, aged five and a half years, in the sea, and replied with calmness, when interrogated, that she wished to deliver her child from all the evils of this life and to procure for her all the happiness of Paradise. (*Le Constitutionnel*, April 25, 1833; Marc, vol. i., p. 234.)

9. Cases of homicidal mania have occurred at the moment of awaking from sleep, or before consciousness has fully returned. The case of Bernard Schirnadzig, who killed his wife while in a state intermediate between sleeping and waking, in the belief that he saw a stranger before him, is full of interest. (Marc, vol. i., p. 56.) The Germans call this condition *schlaftrunkenheit*, or sleep-drunkenness.

To this analysis of cases, a brief summary of the chief characteristics of homicidal mania may be added. It manifests itself under very different mental conditions. It may or may not be associated with decided lesions of the intellect. It may or may not be impulsive in character. It may or may not be preceded by appreciable premonitory symptoms. It may or may not be manifested from early life. However, careful investigation will reveal, in the majority of cases, a disturbance more or less marked of the intellectual as well as of the moral faculties; leaving still a considerable number of cases in which there is a sudden, blind, motiveless, unreasoning impulse to kill. An inquiry into the patient's history will very generally detect a change in the character; this, however, obviously cannot be looked for in cases where mental disorder can be traced back into infancy, or where intellectual or moral defects are congenital. Further, the homicidal act when the result of disease is usually accompanied by no motive, or by a very trivial one, except so far as a delusion, or the gratification of a diseased propensity can be regarded in this light; the deed, like the actions of other lunatics, is effected without accomplices; the patient's own friends or relatives are very frequently his victims; after the commission of the act, he rarely escapes or takes precautions to prevent discovery, and, by his own hand, he frequently terminates at once his life and his insane career.

Kleptomania. Theft may be committed by the insane, either in consequence of certain delusions, or of some motive, as revenge, or as the result of what appears to be an instinctive impulse; lastly, the mind may be so perverted by disease, that under circumstances of powerful

temptation, theft may be committed, which *would not have been the case, had the individual been free from any mental affection.*

"This condition," as Marc observes, "is doubtless very singular and inexplicable, as are so many other of the intellectual and physical phenomena of life; but it is not the less real on that account, as is proved by numerous examples. Besides, the existence of facts of this description is now generally admitted by medical men, and even by lawyers, who have devoted any attention to mental diseases."*

This affection is sometimes strikingly hereditary. The following is a highly interesting example, apparently the result of disease, and in which the propensity descended both to son and grandson. I give it on the authority of Dr. Julius Steinau, the author of an excellent little book on hereditary diseases. "When I was a boy, there lived in my native town, an old man, named P——, who was such an inveterate thief, that he went in the whole place by that name; people speaking of him, used no other appellation but that of '*the thief*,' and every body knew then who was meant. Children and common people were accustomed to call him by that name, even in his presence, as if they knew no other name belonging to him, and he bore it to a certain degree, with a sort of good-naturedness. It was even customary for the tradesmen and dealers, who frequented the annual fairs in this place, (which are there of a more mercantile character than in other countries,) to enter into a formal treaty with him; that is, they gave him a trifling sum of money, for which he engaged not only not to touch their property himself, but even to guard it against other thieves.

A son of this P——, named Charles, afterwards lived in B—— during my residence there. He was respectably married, and carried on a profitable trade, which supported him handsomely. Still he could not help committing many robberies quite without any necessity, and merely from an irresistible inclination. He was several times arrested and punished; the consequence was, that he lost his credit and reputation, by which he was at last actually ruined. He died while still a young man, in the house of correction in Sp——, where he had been confined as a punishment for his last robbery.

A son of this Charles, and grandson of the above men-

* *De la Folie*, vol. ii., p. 302.

tioned notorious P——, in my native town, lived in the same house where I resided. In his earliest youth, before he was able to distinguish between good and evil, the disposition to stealing, and the ingenuity of an expert thief, began already to develope themselves in him. *When about three years old*, he stole all kinds of eatables within his reach ; although he always had plenty to eat, and only needed to ask for whatever he wished. He therefore was unable to eat all he had taken, nevertheless he took it and distributed it among his play-fellows. When playing with them, some of their play-things often disappeared in a moment, and he contrived to conceal them for days, and often for weeks, with a slyness and sagacity remarkable for his age. When about five years old, he began to steal copper coins ; at the age of six years, when he began to know something of the value of money, he looked out for silver pieces, and in his eighth year, he only contented himself with larger coins, and proved himself to be on public promenades, an expert pick-pocket. He was early apprenticed to learn a trade ; but his master being constantly robbed by him, soon dismissed him ; this was the case with several other tradesmen, till at last, in his fourteenth year, he was committed to the house of correction. Whether that institution was fortunate enough to correct this ill-fated youth, the writer of this essay is unable to state."

An analysis of the cases reported by Marc and some others, as illustrative of kleptomania, is here given under two divisions ; the first, in which disorder of the intellect was not present ; the second, in which such disorder was manifest.

First division :

1. M. X. Theft of small value in a person of ample means, in whom it was difficult to establish anything beyond eccentricity. The law decided that he had acted involuntarily. (*Marc*, vol. ii., p. 249.)

2. A young lady of rank was addicted to stealing handkerchiefs, gloves, &c., and mourned over her propensity with tears. No lesion of the intellectual faculties. (*Marc*, vol. ii., p. 254.)

3. Case of a soldier in Saxony, who laboured under an almost constant propensity to steal. There does not appear to have been any other symptoms of mental aberration. He was occasionally seized with the impulse in the middle of the night. (*Magazin de Psychol, Experiment de*

Moritz, tom. ii.; *Müller*, *Med. Legal*, tom. ii., p. 151.; *Marc*, vol. ii., p. 255.)

5. Case of a lady subject to periodical attacks of insanity generally in the spring, and followed in one instance by an irresistible desire to steal, for the gratification of which she was brought to trial, but was acquitted on the plea of insanity. The plea of insanity was urged with great talent by Esquirol and Marc. When asked what passed through her mind when she committed these thefts, she replied, "I cannot tell, but I have such a mad longing to possess myself of everything I see, that were I at Church, I should steal from the Altar without being able to resist it." (*Marc*, vol. ii., p. 275, 303.)

5. Case of a gentleman very wealthy, who stole from time to time, and stated that he could not help it. He restored to their owners the stolen articles a few days afterwards. (*Mag. de Psychol de Moritz*, tom. ii.)

6. Case of a medical man whose kleptomania was manifested by stealing table-cloths and nothing else. (*Marc*, vol. ii., p. 355.)

7. Lavater mentions the case of a doctor, who could not leave his patients' rooms without taking something away with him unobserved; and his wife ransacked his pockets, and duly returned the knives, thimbles, scissors, &c., to their respective owners. (*Marc*, vol. ii., p. 255.)

8. The wife of the celebrated Gaubius appears to have been similarly affected as No. 2.

9. "Acrel mentions the case of a young man who, after receiving a severe wound on the temple, for which he was trepanned, manifested an invincible propensity to steal, which was quite contrary to his natural disposition. After committing several larcenies, he was imprisoned, and would have been punished according to law, had not Acrel declared him insane, and attributed his unfortunate propensity to a disorder of the brain." (Gall on the *Functions of the Brain*, vol. vi., p. 140.)

10. "An ex-commissary of police at Toulouse, Beau-Consail, has just been condemned to eight years' confinement and hard labour, and to the pillory, for having, while in office, stolen some pieces of plate from an inn. The accused persisted to the last in an odd kind of defence; he did not deny the crime, but attributed it to mental derangement produced by wounds he had received at Marseilles in 1815." (*Journal de Paris*, March 29, 1816.)

11. Dr. Rush mentions "a woman who was exemplary in

her obedience to every command in the moral law, except one; she could not refrain from stealing. What made this vice more remarkable was, that she was in easy circumstances, and not addicted to extravagance in anything. Such was the propensity to this vice, that when she could lay her hands on nothing more valuable, she would often, at the table of a friend, fill her pockets secretly with bread. As a proof that her judgment was not affected by this defect in her moral faculty, she both confessed and lamented her crime." (*Medical Enquiries and Observations*, vol. i., p. 101.)

12. Cases illustrative of the effect of utero-gestation in exciting this monomania. (Marc, vol. ii., p. 262.)

13. Another highly interesting example of the same. (*Journal de Médecine de Levoux et Corvisart*, April, 1815, p. 308; Marc, vol. ii., p. 264.)

14. A Government *employé* at Vienna had the singular habit of stealing only household utensils, which he stored up in a room rented for the purpose, but neither sold nor made use of them. No more particulars of this case are furnished; it is therefore impossible to ascertain, whether there were other symptoms of mental disorder or not. (Marc, vol. ii., p. 254.)

15. Victor Amadeus, King of Sardinia, was in the habit of stealing objects of little value; but no further particulars in regard to his mental condition are furnished. (Marc, vol. ii., p. 254.)

Second division:

In cases of general paralysis, it is not uncommon for this propensity to develop itself, in consequence of the delusion that everything belongs to the patient.

1. Dr. Prichard mentions a case in which paralysis and softening of the brain existed, and in which a lady, the wife of a man of large fortune, was so habitually accustomed to pilfering whilst shopping, that her husband was obliged to remove from a town to a country residence, in order to curtail his wife's sphere of pilfering. But this case probably differed little from those preceding, it not being ascertained that any delusion was mixed up with the propensity.

2. Case of Renard, aged 44. His ideas appear to have been very limited, indicating a degree of imbecility. The medical commission, Denis and Marc, arrived at the conclusion: First, That his moral faculties were so feeble as to constitute a state of imbecility, which, however, did not preclude a certain degree of cunning, when he delivered

himself up to his propensity, or when he endeavoured to deny the acts which arose from it. Second, That it is exceedingly probable, that Renard experienced at times a maniacal excitement, and it was especially in this exalted state, that he twice attempted the theft. Third, That in any case, the mental condition of this individual did not appear to allow of the supposition, that he had that degree of discernment and moral liberty, which forms a necessary condition of criminality. (*Marc*, vol. i., p. 170.)

3. Case of a woman who abstracted articles of value, in consequence of labouring under the delusion that she was the legitimate proprietor of them. (*Marc*, vol. i., p. 308.)

This is not the place to enter into the subject of the medico-legal bearings of kleptomania; but a description of the disease would be incomplete without a brief reference in conclusion, to the characters by which it may be recognized. The existence of hereditary disease; evidence of mental derangement prior to the development of the propensity; the occurrence of any physical disorder, as brain fever, the suppression of any discharge, or an injury to the head; the absence of any inducement to steal; the presence of physical symptoms in close connexion with the act, as cephalalgia, cerebral congestion, &c.; and what is very important, if a female, the pregnancy of the party; the general conduct of the individual, during, and after the act, especially the confession of the crime after its commission, and the voluntary restoration of stolen goods—all these are circumstances of primary importance, in attempting to decide upon the existence of kleptomania

III. *Erotomania*.—According to Esquirol, Marc, and others, this term should be restricted to those cases which are characterised by excessive love for an object, whether real or imaginary. “In this disorder,” the former observes, “the imagination alone is affected; there is an error of the understanding; it is a mental affection in which amatory delusions rule, just as religious delusions rule in theomania or in religious melancholy. It differs essentially from nymphomania, and satyriasis. In the latter, the evil originates in the organs of reproduction, whose irritation reacts upon the brain. In erotomania the sentiment which characterises it is in the head. The nymphomaniac, as well as the victim of satyriasis, is the subject of a physical disorder. The erotomaniac is, on the contrary, the sport of the imagination. Erotomania is to nymphomania and satyriasis, what the ardent affections of the heart, when chaste and

honorable, are in comparison with frightful libertinism; while proposals the most obscene, and actions the most shameful and humiliating, betray both nymphomania and satyriasis."* "The subjects of erotomania," the same writer observes, "never pass the limits of propriety; they remain chaste." And Marc also observes that "in erotomania the disease has the cerebral functions for its *point du départ*; while in nymphomania and satyriasis, the source of the disease lies in the reproductive organs." (Vol. ii., p. 183.)

It is by no means easy, however, to draw these distinctions in practice. The two may exist together. Patients may most completely exceed the limits of propriety without our having any evidence that the primary disease is in the reproductive organs. It is difficult, in not a few instances, to determine whether the origin of the malady is there, or in the head. Nor do Esquirol's examples of erotomania sufficiently sustain the definition with which he sets out. It may perhaps, therefore, be better to employ the term in a more comprehensive sense, so far as to consider Esquirol's description of erotomania as but one of its forms—the sentimental—or as erotomania *proper*; and nymphomania or uteromania (having reference to females) and satyriasis (having reference to males) as additional forms. These are comprised under the term *aidoiomania*, (*αἰδοῖα pudenda*, and *μανία*) introduced by Marc; and the *fureur génitale* of Buisson.

In erotomania there is sometimes great depression of the vital forces, and in these cases, if the remedies employed do not soon take effect, the patient becomes more and more depressed in mind and body, emaciated, and rapidly sinks; an example of the erotic fever (*fièvre erotique*) of Lorry.

In some cases there is doubtless an erotic condition which interferes but very slightly with the accustomed exercise of the intellectual faculties, but which entirely overmasters the patient's controlling power. To these Prichard has referred in connexion with moral insanity, and gives the following in illustration:—"A young man, previously of most respectable character, became subject to severe epileptic fits, which were the prelude to attacks of violent mania, lasting, as it generally happens in this form of the disease, but a few days, and recurring at uncertain intervals. These complaints after a time disappeared in a great measure, but they left the individual excessively irritable in temper, irascible and impetuous, liable to sudden bursts of anger and rage, during

* *Des Maladies Mentales*, vol. ii., p. 32.

which he became dangerous to persons who were near to him. Of symptoms of this description, a state approximating to the satyriasis of medical writers, is no unusual accompaniment, but in the present instance the diseased propensities of the individual were displayed in such a manner as to render confinement in a lunatic asylum the only preservative against criminal accusations.”*

Examples of the various forms of erotomania will be found in Esquirol (*Malad. Ment.*, vol. ii., pp. 32, 49.)

A remarkable example of erotic monomania, in which there was no marked disorder of the intellect, is reported by Ferrus, Esquirol, and Marc. (*Annales Hygiène Publique et de Médecine Légale*, tome iii., p. 198; Marc, vol. i., p. 30.)

A case is reported by Marc, (vol. i., pp. 148–9.) Erotic conduct appeared to be the result of the delusion that a lady was not married to her husband. The patient had in consequence to be placed under restraint.

The same writer (vol. i. p. 209,) cites from Gall the case of an idiot, seven years of age, who afforded a remarkable example of satyriasis.

Numerous examples of erotomania proper, are given by the same writer, in his work, vol. ii., pp. 182, 193; and of aidoiomania, *Idem*, pp. 193, 291.

See also *Dict. des Sc. Med.*, Art. “Nymphomanie,” by Villermay; and Art. “Satyriasis,” by M. Rony; and M. Bayard’s *Treatise on Uteromania*, Paris, 1836.

Erotomania in its extended signification, not unfrequently follows upon religious melancholy; a case lately in the Retreat was an illustration of it. It is not uncommon in the old, and it may be, in persons who have been patterns of chastity during life. I have seen it among the first indications of senile dementia. It is more frequent among women than men; and, as Guislain observes, among the unmarried and widows, than the married. It may often, in females, be traced to disordered menstruation; sometimes, as in a patient now in the Retreat, to ovarian disease. Nymphomania and satyriasis may be excited also by irritating substances in the bowels, by ascarides, by hæmorrhoids, by cutaneous eruptions, pruritus, &c. It may attack any age, but the sentimental form, *erotomania proper*, more especially affects the young, and those of an ardent, susceptible temperament. Idiots are frequently examples of the physical form (aidoiomania.) Erotomania may be complicated with either hypochondriasis or hysteria.

* *Treatise on Insanity*, p. 25.

IV. *Pyromania*.—An examination of the recorded cases of pyromania will result in the rejection of a large number of them from the category of instinctive or impulsive forms of insanity. In a considerable number there appears to have been a feeling of revenge present, which a perverted moral nature, sometimes independent of, but in other cases probably the result of disease, induced the gratification of incendiary acts. Of twenty cases recorded by Kein and Platner, sixteen appeared to originate in a motive, although in many cases of a very trivial character. It is remarkable, however, how, even in such cases, as well as in those of an impulsive character, the age of the parties was under or about the period of puberty, and that a larger proportion of girls than boys have been the subjects of this disorder.

Thus, of 124 persons accused of the crime of arson, between 1825 and 1832, reported in the *Gazette des Tribunaux* :

1 was aged 8 years.				7 were aged 16 years.			
1	"	10	"	1	"	17	"
2	"	12	"	4	"	18	"
2	"	13	"	3	"	19	"
1	"	14	"	3	"	20	"
1	"	15	"				

And Marc concludes, that the period at which pyromania is manifested in young persons, in consequence of the abnormal development of the sexual functions, corresponds nearly with the age between 12 and 20 ; that if there exist any general symptoms indicative of irregular development, or of critical changes, by which the attempt is being made to perfect the evolution of the reproductive system, the probability is, that an incendiary act has been the result of disease. Hence attention should be paid to such signs as a too rapid growth, or one that is retarded, as well as an arrest in the development of the sexual organs ; also unusual lassitude, glandular swellings, cutaneous eruptions, &c.

Further, it is very important to ascertain whether signs were present before the incendiary act, of attempts at menstruation, or of its disorder or suppression. Again, this writer points out the necessity of ascertaining whether there are any symptoms of disorder of the circulation, as an irregular pulse, determination of the blood to the head, vertigo, head-ache, &c. ; or of the nervous system, as involuntary muscular movements, trembling, spasms, and convulsions of any kind, epilepsy and catalepsy. In connexion with all these symptoms, there will generally be found some change

in the character, such as a tendency to sadness, irascibility, and other like symptoms of disordered cerebral functions. In some cases on record, there existed from infancy a condition of mind bordering on imbecility.

In analysing some of the most remarkable cases illustrative of the disorder, which are on record, we have classified them under the following heads. I. Cases in which there was no marked disorder of the intellect II. Those in which such disorder existed. Under the former head, it may be convenient to divide those (a) in which there was no premeditation or design; from those (b) in which this was present. Again, under the second head, it may aid the investigation of the subject to separate those cases (a) in which there was a deficiency of the intellect, as imbecility, idiocy, &c.; from those (b) in which there were delusions, hallucinations, &c., these generally constituted the motive.

I. Without marked disorder of the intellect :

(a) Without premeditation or design :

1. A boy, sixteen years of age, set fire to the house of the father of a person to whom he was much attached. He struggled against the impulse for a year. (*Marc.*, vol. ii., p. 291.)

2. Case of Maria Franc. She could give no other reason, nor show any other motive for setting houses on fire, than a blind impulse, originating in witnessing a fire. Notwithstanding, says Gall, who reports the case, the fear, the terror, and the repentance which she felt in every instance, she went and did it afresh. (*Gall*, vol. iv., p. 104.)

3. Case of Eve Schembomska, aged 22, who appears to have laboured under a powerful impulse; to use her own words, "an inward agitation that tormented her." (*Klein's Annales Judiciaires*, xvi., 341; *Ray's Medical Jurisprudence of Insanity*, p. 191.)

4. Case of a peasant girl, Kalinovska, aged 17, who was suddenly seized with a desire to burn, after returning from a dance, where she had got heated. After struggling for three days against the impulse, she yielded to it, and declared that on seeing the flames, she experienced a joy such as she had never felt before. (*Klein's Annales Judiciaires*, xii., 53; *Ray, op. cit.* p. 191.)

5. Case of a servant girl, named Weber, aged 22, who committed three incendiary acts. Her mistress had observed that she was sad, that she would frequently seem as if buried in thought, and would cry out in her sleep. It

appeared that she had had, two years before, violent pains in the head, disordered circulation, insensibility, and epileptic fits, since which the catamenia had been absent. (*Klein, op. cit.*, xiii., page 131 ; *Ray, loc. cit.*)

(b) With premeditation and design :

1. Case of a servant girl in a German village, who, in 1830, twice set fire to the premises of her master. The physician who examined her, concluded that she was not responsible for her acts, and that they proceeded from an incendiary impulse, which was a consequence of interrupted physical evolution. She was released, and under appropriate medical treatment, she had no return of this morbid tendency. (*Neues. Archiv. des Criminalrechts*, xvi., 393 ; *Ray, op. cit.*, p. 193.)

2. Case of Bertheim, a boy aged 18 years, guilty of six incendiary acts in four months. The plea of insanity, however, was not sustained. (*Marc*, vol. ii., p. 364.)

3. Case of Jane Wells, aged 13, servant in Mr. Stone's family, near London. Dr. Southwood Smith certified that she had been suffering from brain fever some time before ; that her convalescence had been protracted, and that her mind might have been injured. The chief motive in this case appears to have been the pleasure of seeing a blaze. (*Marc*, vol. ii., p. 369.)

II. With disorder of the intellect :

(a) Depressed condition of the intellect, imbecility, &c.

1. Case of a servant girl, aged 17, in whom the motive was trivial. (*Platner's, Quæst. Med. Forensis*, 1824 ; *Ray, op. cit.* p. 193.)

2. Case of a boy, K., aged 11½ years. The conclusion arrived at by the expert who examined him was, that owing to a defective education he was still infantile, and that the first incendiary act of which he was guilty was a childish trick ; the second, the result of secret ill-will, but that, independently of this, there was disease, congenital or acquired, which exercised a certain influence upon his conduct. (Dr. Meyer, of Pinneberg, *Annales de Henke* ; *Marc*, vol. ii., p. 330.)

3. The celebrated case of Delépine, reported by Georget. He was 16 years of age. Marc characterises it as a case of feebleness of mind or demi-idiocy. (Georget, *Discussion Médico-Legal*, Paris, 1826, p. 130 ; *Marc*, vol. i., p. 392.)

4. Case of slight imbecility, and of pyromania, in a lad aged 17. No motive appeared beyond the love of mischief.

It is, however, a highly interesting and instructive case. (Marc, vol. i., p. 406.)

(b) Exalted condition of the intellect, hallucinations, &c. :

1. Case of a girl aged 17 years, in which an inward voice was heard commanding her to burn. This was the only sign of aberration of the intellect. (*Questiones Medicinæ Forensis*, 1821 ; Ray, *op. cit.*, p. 91.)

2. Case of a girl aged 15, named Graborkwa. Here the only disorder of the intellect was an hallucination, that an apparition was constantly before her impelling her to acts of incendiarism. (Klein, *Annalen*, xii, p. 126 ; Ray, *op. cit.*, p. 193.)

3. Case of a young man, M. B., a patient in an asylum in Paris, whose propensity it was, to set fire to everything. It is to be inferred that it was associated with mania.

On the Establishment of a State Asylum, by Wm. Wood, M.D., Licentiate of the Royal College of Physicians, formerly Medical Officer of Bethlem Hospital.

The revision of the criminal law which has been so wisely conceived, and thus far so ably executed, has yet left one very important part of the subject untouched ; although it is one very nearly affecting the administration of justice and the safety of society. It is to be feared that the unwillingness to meddle with a question avowedly beset with difficulties, as this is, may be, to some extent at least, owing to the fact that such widely different opinions have been expressed by those whose judgment must necessarily guide our lawgivers on the subject of criminal lunacy, as it is called. But the difficulty of the subject, and the differences of opinion among those best informed, offer no sufficient reason why the attempt to apply a remedy should be indefinitely postponed, at the cost of so much accumulated cruelty and injustice.

We pride ourselves on our glorious Constitution ; we boast of our good old English laws, and take credit for our impartial administration of justice ; but we seem constantly to forget, if indeed we do not deliberately ignore, the fact that law and justice are not synonymous. And yet if we would

have the law respected, it behoves us to take especial care that it is not invoked to inflict punishment where it should be exerted to afford protection. Human nature seems to be so essentially selfish, that the wrongs of others are too apt to pass unheeded, if attention is not continually directed to them by those whose duties have made them familiar with their bitterness. We can be prompt to seek redress for our own grievances ; but we can be indifferent about the amount of injustice which we know to be inflicted on our fellow-creatures, and easily satisfy our consciences by urging that it is no business of ours, or at any rate that we have no power to prevent it.

We are pre-eminently distinguished as a nation for our noble charities and our active benevolence ; and though many find a rich reward for their labours of love in the consciousness of having unostentatiously contributed to the happiness of their fellow-creatures, in the true spirit of that Christian charity which takes care to conceal from the left hand what the right hand does, it is to be feared that the desire to obtain the character of a philanthropist has often much to do with the exercise of benevolence. There are certain classes whose hardships become the objects of popular, I might say, of fashionable interest ; and, though these are deserving of our warmest sympathies, there are others not less deserving, whose wrongs fail to attract attention, notwithstanding that they have a stronger claim upon our consideration, by reason of the cruelty and injustice which are so heedlessly inflicted upon them.

There is, perhaps, no class of unfortunates whose wretchedness has attracted so little attention as the so-called "criminal lunatics." They remain in their gloomy prison, and are not suffered to share in the blessings which experience has taught may be safely extended to the insane generally ; for while these have been rescued from a state of pitiable degradation, and the respective claims of those who have contributed to this desirable end have been freely discussed and duly recognised, no voice has been heard in behalf of those whom the law declares to be innocent, but whom society treats as worse than guilty. Their fate, indeed, is known to be so deplorable, and their condition generally felt to be such a reproach, that we find the judges in mercy warning the advocates of the accused not to set up so dangerous a plea, because its establishment would involve consequences far more dreadful than a conviction of the offence for which insanity was urged as an excuse ; while the

governors of the Royal Hospital, to which is attached this gloomy abode of unfortunate beings, would gladly be relieved of a charge which can only bring discredit upon the institution, inasmuch as they have no power to make it anything but a prison, constructed upon the principle, approved some forty years ago when it was built, but now universally condemned. Possibly, the reluctance of the Government to spend anything in improving a building so essentially bad, is depending upon some remote intention to remove it altogether, and establish a State Asylum more suited to the purpose, and more in accordance with the present enlightened views of the treatment of the insane. It may be, however, that there still exist very erroneous impressions with regard to the condition of these persons, who are indiscriminately treated as the very outcasts of society, as though they were all felons, for whom it is only necessary to provide a prison of the worst class. But it must not be forgotten that there are those amongst them who are both morally and legally innocent of crime; and that they have a just claim to participate in all the benefits which science and experience have conferred upon the insane. There is, perhaps, no class of persons in this country for whom so little has been done in the last forty years, as the so-called criminal lunatics. I might, perhaps, in the scramble which there has been for the honour of having contributed to the abolition of mechanical restraint, have put in my claim to the credit of having been the first to dispense with it in the criminal department at Bethlem, as well as in all other parts of that ancient and royal foundation; but beyond this, very little has been done to ameliorate the condition of this much neglected class; and we still find the innocent and the guilty, the vicious and the unfortunate, the most depraved and abandoned of the human race and the gentleman of noble birth, indiscriminately huddled together, without any regard to their previous positions in society, their habits, or their offences; and all alike condemned to a life of the most degrading indolence. Of all popular delusions, there are, perhaps, none greater than those which relate to the actual state of mind of the insane, a very large proportion of whom are but little removed, either in appearance, in manner, in habits, or in conduct, from many of those who pass in the world for sane. Some temporary accession of symptoms, not in themselves urgent, may suddenly convert such an one into what is called a criminal lunatic, and consign him for the remainder of his

days to an intimate association with the most degraded and abandoned of the human species, with no hope of escape from such a dreadful doom, and with the certainty that death only can put an end to his wretchedness. We should ever remember the solemn warning, "let him that thinketh he standeth, take heed lest he fall;" and reflect that as in the inscrutable decrees of Providence the wisest and best among us are liable to become the victims of this mysterious malady, so we ourselves may be doomed to fall under its withering influence, and in some unprotected moment commit an act which may place us in the same category with these unfortunates. It must not be supposed that what is called a criminal lunatic is necessarily, in any respect, more immoral or less virtuous than those who still bear an unblemished reputation; as has been already said, the wisest and best among us may, from causes entirely independent of their own actions, and beyond the control of their own will, become the victims of insanity. A severe bereavement, a reverse of fortune from the villainy of another, even the conscientious discharge of onerous duties, involving great anxiety and mental effort, are each of them sufficient to disturb reason, and reduce the sufferer to a condition more dangerous than the helplessness of infancy. Any one of us may be thus afflicted, and what, if in this hour of our urgent peril, or even during the fierce ravings of the delirium of fever, we should, either through the fears or affection of those about us, be left in an unhappy moment without that control which we are no longer able to exert over ourselves, and commit an act from which our nature would have recoiled had reason maintained its sway? What, in fact, if from the neglect of others, we should incur the dread penalty of some act of violence? Are we thereby degraded from our social position? Do we forfeit all claim to consideration and sympathy? Are we to be sent, possibly for the remainder of our days, to herd with the vilest of the human race? Yes, monstrous as it must appear to all who ever give a thought to the subject, the acquittal of *whatever offence* on the ground of insanity, leaves no alternative. The unfortunate offender may not now be dealt with, but as the most atrocious villain who ever disgraced our nature. Of gentle, or it may be, of noble birth, it matters not that he may, up to this moment, have pursued a virtuous, honorable, and useful career; the law recognises no distinction between such an one and the convicted felon, who has become insane while undergoing his punishment, or who has feigned in-

sanity in the hope of effecting his escape ; or the degraded being, who, in the brutal gratification of every debasing passion, and the uncontrolled indulgence of every unlawful desire, has through life been a disgrace to his family, and a pest to society, and perhaps filled up the measure of his iniquity by some cowardly and savage atrocity, which would have doomed him to the scaffold, had not a merciful jury seen in the frantic rage of the confirmed drunkard, a sort of excuse for saving society from the demoralising effect of a public execution. It must be admitted that convicts who have become insane after conviction are still convicts, and that they form a totally distinct class from those acquitted of some offence on the ground of insanity. The law, however, makes no distinction between them, and consigns both to the same dreary prison, more, surely, for the purpose of safe keeping, than of suitable treatment, with a view to recovery ; and yet the law has pronounced the one guilty, and the other innocent. This cannot be justice. But it may be argued that we cannot vary the punishment of an offence according to the social position of the offenders ; and are bound to administer the law without respect of persons. Granted ; but in the case of insane offenders, we have no right to talk of punishment, but are bound to provide suitable treatment if we assert our right to take the individual out of the hands of his friends, and compel him to become the charge of the State. It is a solemn mockery to pronounce him innocent, and inflict a far worse punishment than if he had been found guilty ; which is practically the result in the case of minor offences. Seeing, then, that the State charges itself in the interests of society with the care of those whose mental condition renders it necessary that they should be protected from the consequences of their own acts, it is an imperative duty to provide for the faithful execution of this trust, by giving them those advantages with regard to management and treatment, which they would have enjoyed if they had been left to the care of their natural or legal protectors, and so had a reasonable prospect of restoration. It is a notorious fact, that this trust has not hitherto been faithfully executed, and that no proper accommodation has been provided for those of whom the State has thus constituted itself the guardian.

It might be thought that this is not the right time to press upon the Government the necessity of erecting a State Asylum, when they are contemplating an extraordinary expenditure to provide suitable buildings for the other

necessities of the State. No doubt it is very desirable that our metropolis should be made worthy of our national greatness, and that we should be delivered from the reproach of niggardly economy and want of taste in our public buildings, when our neighbours, with resources very far inferior to our own, shame us by the grandeur of their plans, and the energy with which they are carried out ; and shew us what may be done if there is only a spirit equal to the pretensions of greatness. Our national pride would be flattered, as we saw a stately and extended pile of buildings, rising in a conspicuous locality, to bear witness to the power and vastness of our empire, the business of which required such magnificent offices for its administration. But I would not attribute to so unworthy a motive, what I conceive to be the legitimate manifestation of wealth. It is right that we should appear to be what we are. The human mind is naturally impressed with the material evidences of prosperity and power, and it is well that these should find expression in public acts and works. But if we can afford a lavish expenditure in the adornment of our metropolis, we might surely spare something to meet those moral engagements which we have hitherto so much disregarded. These might, perhaps, minister less to our vanity, but they would remove a just reproach, would afford the consciousness that we had unostentatiously performed a duty, not the less sacred because it was claimed for those who were miserable and helpless, nor less gratifying because it did not foster our pride, nor seek its reward in popular approval or applause.

The only objection which, as far as I am aware, has ever been urged against the establishment of a State Asylum, is the expense to be incurred ; but this, I believe, would be limited to the cost of the building, as the maintenance and management would probably not exceed its present amount. We have built magnificent asylums and palatial prisons ; we have nobly endowed schools, and hospitals, and institutions, to meet almost every form of misery and variety of human suffering ; but we have no provision for the insane offender, though we peremptorily assert our right to the possession of his person, and the treatment of his malady. Let us hope that those whose position gives weight to their counsels, will make it their business to press this subject on the attention of the Government ; and that they will not cease their importunity until justice is obtained for this much neglected class.

As a consequence of the present system, which necessitates

the admixture of sane and insane, the educated gentleman and the convicted felon, much bitter feeling is engendered in the county asylums, where those who have committed offences under the influence of their mental malady, are associated with the insane poor who have not offended against the law. The latter, though perhaps no better morally than those of whose companionship they complain, and forgetting that, in some cases at least, they might, but for the care bestowed upon them, have been classed in the same category—that it was in fact a mere accident, so to speak, that they did not by some act of violence become criminals themselves—resent the introduction of one they regard as a convict, and so there is danger that the recovery of both may be retarded by such a constant source of irritation. The superintendents of the county asylums have urged the increased difficulty of management in consequence of the presence of this class of persons amongst their patients. The Commissioners in Lunacy have frequently referred to the matter in their reports, and urged the necessity of something being done; and Lord Shaftesbury has brought the question prominently before Parliament, but only succeeded in obtaining a promise that the Government would give its attention to the subject. Still years roll on, and nothing is done or even attempted; although we have practical evidence of the expediency of making separate provision for the various classes of insane offenders in the good working of the asylum at Dundrum, near Dublin.

If, then, it is admitted on all hands that the establishment of a State Asylum is a necessity and an obligation, we would fain hope that no other schemes will be allowed to stand in the way of its accomplishment. It is not the habit of Englishmen, as individuals, to repudiate their engagements, although we too often find them, when associated with those amongst whom responsibility can be distributed and lost, acting in a manner which they could not in their own persons defend, and sheltering themselves under the sanction of others; as if that could be right as the act of numbers which would be unquestionably wrong if done by an individual.

If we have contracted the obligation to provide for insane offenders against the law, we are bound in honour to do so in an enlightened and liberal spirit. We may not neglect this positive duty at the instance of our own convenience, without rendering ourselves obnoxious to the charge that we take advantage of the helplessness of those who have fallen

into our power, and pursue a course which we cannot justify, and with only the unworthy excuse that we have other claims upon our resources. It is well that this question should be agitated. Nobody can defend the present system, or rather the total want of system, which characterises our proceedings in all that relates to the so-called criminal lunatics. It is a blot on our administration of justice, a reproach to our law-givers, and altogether unworthy of our national character.

We proceed to consider what class of persons is to find refuge in this State Asylum; in other words, who, among the offenders of the law, can properly be considered insane, and claim the protection of the State and immunity from the punishment awarded to such offences as they have committed. The difficulty in answering this question is not so great as is generally supposed, and such as it is seems to be in a great measure owing to the limited views which have been taken of the subject. We bewilder ourselves in the attempt to define that which is more uncertain than the wind, and set up a fixed standard by which to measure an ever-changing condition. We assume that insanity is a specific disease, characterised by certain well marked symptoms which cannot be mistaken; and unless we discover these symptoms we maintain that the disease has no existence, forgetting that what is perfectly consistent with sanity in one person may suggest the existence, or at least the suspicion, of insanity in another. With this fallacious estimate of mental soundness, offenders are condemned or nominally acquitted, according to what may be considered the accidental bias of the court and jury. Reports of criminal trials contain records of the cases of many offenders who have suffered the extreme penalty of the law, and others who have been acquitted on the ground of insanity, about whose state of mind the opinions of the profession and of the public have been divided; and this, perhaps, because in the one case the crime could not be connected directly with a delusion, and in the other a merciful jury has adopted this plea as the only way in which they could avert capital punishment from one about whose mental condition they entertained some doubts. A verdict of "Guilty, with extenuating circumstances," which I have elsewhere suggested,* should be allowed in such doubtful cases; and so any amount of punishment short of death might be afterwards inflicted, which upon more careful investigation of all the circum-

* *Remarks on the Plea of Insanity, &c.*, 1851, Longman.

stances than could be made at the trial, might be considered to meet the justice of the case. It is only by means of such an open verdict that we can properly deal with such doubtful cases as continually present themselves for judgment; doubtful because there is no broad line separating the sane from the insane, which would enable us at once to determine the mental condition of the accused quoad responsibility. It must be borne in mind that insanity is not a positive quantity that can be distinctly defined; it is rather a comparative condition, presenting every shade of intensity, and varying in degree, according to the peculiarities of temperament, constitution, education, and other circumstances of the individual. All these should be carefully weighed before we venture to express a decided opinion; for every case presents some peculiarities, and every individual case ought to be decided upon its own merits, without reference to those authoritative definitions which are founded in prejudice and error. We cannot measure the actions of different individuals by the same standard. As well might we decree that the bushel and the ounce should be the only tests of value, and that all commodities alike should be estimated according to their bulk or weight, without reference to their intrinsic worth. If nature has been so prodigal of variety, that she presents no instances of perfect resemblance between any two objects within the vast range of creation; if it is true, to use a common expression, that "there are no two peas alike," how can we expect the human race to resemble one another so closely in all the details of delicate organization, in all the mysterious attributes of mind, that they should present no difference in the appreciation of events, in the susceptibility to impressions, and the exercise of intelligence. As "one star differeth from another star in glory," so does there exist the greatest possible diversity in the moral attributes and mental constitution of different individuals; and, as a necessary consequence, we must be prepared to find different degrees of departure from the healthy standard; in fact, different degrees of responsibility and irresponsibility. The same causes will not produce the same effects in all; and very much must depend upon circumstances over which the individual has had no control. If we do indeed believe that we ourselves shall be hereafter judged according to the light that is in us, we may safely adopt this principle of eternal justice in passing judgment upon others; and if we take this rule for our guide, we shall be careful not to embitter the

grievous burden of affliction, with a sense of injustice and wrong, by inflicting punishment, when we have solemnly pronounced the absence of guilt, by reason of mental infirmity. And if we are satisfied that at the time when an offence was committed, the offender was suffering from any degree of mental disturbance, we are bound to make some allowance on account of this admitted helplessness; that allowance being in direct porportion to the supposed incapacity. It does not, by any means, follow that a minor degree of mental disturbance should be admitted as an excuse for any amount of crime. Insane persons are not necessarily irresponsible; and many may very properly be subjected to corrective discipline, if they throw off that restraint which, as a rule, most of them are able, to some extent, to exert over their passions and propensities, and offend against the law. Such treatment, however, can only be employed with propriety where such a verdict as "guilty with extenuating circumstances," has been returned; the mental infirmity, in fact, constituting the extenuating circumstances. When an offender is acquitted on the ground of insanity, we are bound to consider him and treat him as an innocent person, notwithstanding that the interests of society may require his detention and safe keeping, possibly for the remainder of his life. It is for this class of persons then, that we have to provide in a State Asylum, which, for them, at any rate, should not partake in any degree of the nature of a prison, but should combine all the advantages of a first-class asylum, containing various departments for proper classification, according to the various circumstances of its occupants, especially with regard to their position in society, their means, and the form of their mental malady. It will at once be seen that I contemplate the recognition of the principle that persons acquitted on the ground of insanity, should be permitted, under certain rules and restrictions, to live in the State Asylum according to their means; the duty of the State being confined to their safe keeping and proper treatment, with a view to their restoration. There would, of course, be a minimum scale of accommodation, to which all would be entitled at the expense of the State; various other degrees being permitted according to the available income of the individual. The great principle contended for in regard to this class is, that they should be treated as patients, and not as prisoners. Their acquittal has hitherto been merely nominal. If their acquittal was just, it ought to be real, subjecting them only

to safe keeping, and entitling them to the best means of treatment. It might be objected that such arrangements would have the effect of providing additional comfort for a class of persons already too well cared for; that the majority of criminal lunatics are, in fact, convicts, having become insane since their conviction, and while undergoing their several sentences; in other words, that the supervention of insanity in these persons did, under the present system, obtain for them improved accommodation, and that after all, the criminal department of Bethlem was not so bad as the hulks, and did not involve toilsome labour. It must be admitted that there is much truth in all this, and that if it were only for the "insane convicts" for whom we sought consideration, the case would not be so urgent; although at the same time it must be borne in mind that at present we do little or nothing towards their restoration, and that even to them we are under some sort of obligation to afford them proper medical and moral treatment, instead of condemning them to a life of degrading indolence, far more intolerable to many than the labour for which it has been exchanged.

The establishment of State a Asylum is not advocated for the sake of the "insane convicts," but for the class which I have proposed to distinguish as "State patients;" in other words, those who have offended against the law under the direct influence of insanity, and have been acquitted on that ground. What is sufficient for the "insane convicts" is cruelly inappropriate for the "State patients," whatever their crimes may have been. The State is, no doubt, called upon to protect society from a repetition of the outrages they have committed, and most properly enforces the safe custody of the delinquents, but it has no right to inflict punishment! There is something quite inconsistent with our notions of humanity and justice, in a system which compels an unfortunate gentleman to mix with the very outcasts of society; and yet if an individual, whatever his rank and station in the world, whatever his high moral character and intellectual attainment, should unhappily become the victim of insanity, and in a furious paroxysm of maniacal excitement inflict some fatal injury on another, the law recognises no real distinction between him and a convicted felon, whose whole career has been one of depravity, vice, and infamy. It cannot be supposed that the supervention of insanity in the case of such a lawless outcast, can have done anything towards purifying a being so fallen; and yet one might almost suppose this to be the case, when we find him placed in all respects on an equal

footing with those whose only crime has been the result of an affliction over which they have had no control, but which, it may be, they have exerted their utmost energy to avert.

It is contended, then, that we are under a moral obligation to provide suitable accommodation for the "State patients" distinct from "insane convicts;" and we hold that this accommodation should comprise different divisions for the separate residence of different classes. It is to be understood that "State patients" should consist only of those who have been properly acquitted on the ground of insanity, with such other insane persons as become the care of the State, who may not have passed through the ordeal of a trial, or whose mental malady may not have gone to the extent of the actual perpetration of crime, although the danger of its doing so was imminent. When I say *properly* acquitted on the ground of insanity, I do not include those who have had the benefit of this verdict merely as an act of mercy or expediency, about whose insanity there was no positive evidence, and whose antecedents reasonably suggested the existence of criminal passion, or the desire for unlawful revenge, and who have, perhaps, closed a career of infamy by some atrocious crime, possibly under the influence of a morbidly irritable state of brain, which, however, was rather a self-imposed consequence of vice than the result of insanity, properly so called, while the deed itself was something very different from what is frequently the motiveless and purposeless act of the really insane. I know that the acts of the insane are often conceived and perpetrated with the greatest deliberation and forethought, frequently with considerable cunning and ingenuity; and that the subsequent attempts to conceal them, or escape from the consequences, in some cases present no evidence of the want of reasoning power. But, notwithstanding this, I think we may safely, as a rule, consider the offender insane, and place him in the category of "State patients," when, after a searching investigation, no possible motive can be assigned for the offence which he has committed, or when the motive appeared to have had its origin in positive delusion. This rule may not, invariably hold good, but the exceptions, with the exercise of ordinary care and judgment, would be very rare; and these would present no insuperable difficulty if the proposed verdict of "Guilty, with extenuating circumstances," were permitted in such doubtful cases as needed further observation and investigation. With the recognition of such a verdict would cease much of the uncertainty and confusion which now prevails in reference to the plea of insanity; for

juries would not be compelled, as now, to adopt one of two alternatives, viz., conviction or absolute acquittal, when they felt that neither would meet the justice of the case, which, in fact, required the adoption of some middle course. I conceive that on the return of this verdict a large discretion should vest in the court, which might either at once proceed to pass sentence or defer judgment until the mental condition of the accused was satisfactorily determined. Even when judgment had been passed, under particular circumstances, and after continued observation of the conduct of an individual, it might be thought right to transfer an offender who had already undergone some portion of his sentence, from the convict establishment to the State Asylum; for it is possible that, after all, we may not have formed a correct judgment of the case, and it would surely be some satisfaction to feel that our error was not irremediable. Supposing, then, that the class of persons which is to occupy the first section of the State Asylum has been sufficiently indicated, and that they are to be designated "State patients;" we proceed to consider what should be the position of "insane convicts," viz., those who have become insane while undergoing sentence. Whatever their fallen condition may be, when affliction is added to their bitter lot there must surely be a suspension of punishment; and, as in the case of any bodily ailment, we at once recognise the prisoner's right to suitable treatment, and place him in the infirmary of the prison, with the best medical advice; so I conceive that under the influence of a mental malady he becomes entitled to proper treatment, with a view to the restoration of his reason, and should therefore be transferred to a department of the State Asylum set apart for the reception of this class. But although he may be considered a proper inmate for such an establishment, he is still a convict, and we are not justified in inflicting his presence upon those who are not criminal, and thereby degrading the unfortunate to the level of the vicious. I am disposed to think that this section of the State Asylum should be arranged and conducted very much upon the same plan as the County Pauper Asylums, with some additional security against escape, which need not at all interfere with the means employed to promote recovery, and that it should be perfectly distinct from the other departments, the occupants of each never mixing with each other.

There is yet another class which it is to be hoped will some day obtain the protection of the State, and a refuge in the State Asylum: I mean those who have so far lost the power of self-control that they cannot resist the inclination

to excessive indulgence in the use of stimulants. This is essentially a disease, but one requiring peculiar treatment, and involving the necessity of such restrictions as can nowhere be so well and so properly exercised as in a suitable department of the State Asylum. There is, perhaps, no disease which is attended with such terrible results, none which occasions so much domestic misery, and so deeply injures society; for the consequences are not confined to the individuals themselves; they more or less affect all who come within the sphere of their influence, and through successive generations entail positive degeneration of our race.

It is a question, then, of which the State may well take cognizance; and we would fain hope that the day is not far distant when its importance will be felt, and interference will not be delayed until ruin is completed, or some appalling crime committed. We are so accustomed to associate mental incapacity with a particular train of symptoms, that we fail to recognise it, or at least refuse to admit it, if it is presented to us in any other form; and with our notions of unity are prone to discard the idea that this incapacity can be anything less than absolute, although perhaps in the majority of cases it is only relative. It may be objected that to deprive of liberty those who have only indulged in habits which are permitted, not to say sanctioned, by society, is a manifest injustice, and that it would have the effect of breaking down the distinction which has hitherto been preserved and maintained between vice and crime. The fact is, this distinction is in many cases conventional, not real, and no great harm could arise from neglecting it; but it is no part of our object here to discuss the question of morals, nor the punishment of crime; we are dealing with the treatment of disease, and strictly as a means of medical treatment we advocate the enforced removal of these patients from those dangers and temptations which, by reason of mental infirmity, they have no power to avoid, and commend them to the protection of the State, that the claims of society as well as their own may be duly considered.

Observations on Epilepsy, by Robert Boyd, M.D., F.R.C.P.,
Physician to the Somerset County Lunatic Asylum.

In a former number of this Journal (15) instances where *Convulsions* had occurred amongst patients, not epileptics, in

this asylum were given. Nine cases attended with convulsions have also been recorded by me in the *Edinburgh Medical Journal*,* of which three were adults and six infants. Congestion of blood in the brain was found in three of the infants, effusion of blood in one, fluid in the ventricles in one, and enlarged brain in one; the foramen ovale and ductus arteriosus of the heart were open in one. In the male adult there was general dropsy, and the heart kidneys and liver were enlarged; convulsions preceded death; and in the two female adults convulsions were symptomatic of suppression of urine in one and of Bright's kidneys in the other. Instances of convulsions are frequent in cases of general paralysis, in cases of melancholia, especially where it is combined with pulmonary phthisis; and also, but much less frequently, in mania; and these convulsions it is sometimes very difficult to distinguish from epilepsy.

Dr. Copland defines convulsions to be "violent and involuntary contractions of a part or of the whole body, sometimes with rigidity and tension (tonic convulsions); but more frequently with tumultuous agitations, consisting of alternating shocks (chronic convulsions), that come on suddenly either in recurring or in distant paroxysms, and after irregular and uncertain intervals."

Epilepsy is closely allied to and has always been considered a convulsive affection, attended with loss of consciousness. Dr. Copland's definition:—"Sudden loss of sensation and consciousness, with spasmodic contraction of the voluntary muscles, quickly passing into violent convulsive distortions, attended and followed by sopor, occurring in paroxysms often more or less regular." In some cases the eyelids shut and open rapidly and sometimes become fixed. The lips project or extend towards the ears, and are covered with frothy saliva. The tongue is swollen and often cut between the teeth, the grinding of which is so violent that they are sometimes broken. Grinding of the teeth has been observed here in cases of general paralysis, and two remarkable instances of it occurred in males in a state of melancholia, combined with pulmonary phthisis, one of whom had convulsions and the other epilepsy. *Esquirol* states that frothing at the mouth occurs sometimes in apoplexy, asphyxia and hysteria; "the pathognomonic character of epilepsy consists in convulsions, the entire suspension of sensibility, and loss of consciousness." In epilepsy, the convulsions are concentrated, and are more violent on one side of the body than the other. In hysteria the convulsions are

* No. 15, page 121.

expansive, the members extend themselves, and the convulsions are more uniform.

There is also a form of epilepsy without convulsions, termed by the French "*petit-mal*." Andral says, "*un individu est épileptique, quand, à des époques éloignées ou rapprochées, périodiques ou irrégulières, il présente une perte subite de connaissance, avec des convulsions tantôt générales, tantôt partielles et bornées, je ne dis pas à un muscle, mais à une fibre d'un muscle, ces convulsions n'étant pas constantes et pouvant manquer, ayant la respiration stertoreuse, la bouche remplie d'écume, et présentant une santé parfaite dans l'intervalle des accès, ou bien des désordres fonctionnels plus ou moins graves.*"

Andral divides epilepsy into *idiopathic*, when it has its seat in the encephalon, and *symptomatic* when the brain is only secondarily affected and it has its seat elsewhere: he agrees with M. Foville, who, after numerous dissections of the brains of epileptics, was decidedly of opinion that there was no special lesion attending this malady. Cazauveilh sometimes detected softening, at others induration of the cerebral hemispheres, but his cases were complicated with insanity. Andral insists upon the necessity of distinguishing between those cases in which the patient dies in a fit, and those in which death occurs in the intervals between the fits; as in the former there will be congestion of the blood in the cerebral vessels, and this congestion he considers the effect, (and not as many might suppose,) the cause of the fit. Epilepsy often occurring without any appreciable cause, it is necessary to admit a predisposing and a specific cause.

Of three hundred and thirty-nine female epileptics examined by Esquirol, four-fifths were insane—a complication which he says is never cured.

Epileptics when admitted to lunatic asylums, are found to labour under different forms of insanity, and are often amongst the most violent, during the accession of their attacks; the longer the interval between the attacks, the more severe and the stronger in duration generally are their attacks. One male patient here remains free from epileptic fits sometimes for three months, and during the interval is rational, when an attack occurs, he continues morose, and often very violent for several days, requiring to be secluded. Other patients who have epileptic fits every day, are seldom violent and often cheerful. Between these extremes, there are various modifications, both as to the time between the attacks, and their duration.

S. Frank remarks, that of three hundred cases investigated by him, very few occurred in persons who had been perfectly healthy previously to the accession of the disease. Tissot has treated specifically *on the diseases which precede epilepsy*. Dr. Copland considers it nearly related to *apoplexy* on the one hand, and *convulsions* on the other; in its more *idiopathic* states, to the former, to mania and idiocy; and in its *symptomatic* states, to the latter, to hysteria, ecstasy, and some other nervous affections. "There is, perhaps, no other malady of which the treatment has been more empirical than of it; and this opprobrium must necessarily continue until our knowledge of its pathological relations is much further advanced than at present."

The heads of epileptics are often large or deformed, and the bones of the cranium sometimes thick. Osseous concretions are often found on the falciform process, and sometimes on other parts of the dura mater; fibrous, scirrhus, and tuberculous tumours have also been found in different parts of the brain; also serous cysts, the ventricles dilated with fluid; the brain has also been found softened by Greding, and also hardened and callos by Morgagni, Meckel, and others. The pineal gland and pituitary body have also been found altered. Concretions on the arachnoid, and alterations in the spinal cord have been found by Amussat and others.

In the paper, in the number of the *Edinburgh Medical Journal*, referred to, six cases of *Epilepsy* are also recorded; there was cerebral wasting in two males; in one female the skull was unusually thick, in one male there was a quantity of fluid in the brain, and in another male the brain was indurated, and there were sharp bony projections from the interior table of the skull; in one male there was congestion of blood in the brain. In two females, the brain was above the average size, one was firmer, and the other softer than usual. Ages of the males, from 34 to 40; one female was twelve, and the other two were adults. In one male and one female, epilepsy was combined with mania, and in two females, idiocy.

Nine other cases of epilepsy, were subsequently examined by me in the same institution, seven males and two females. The youngest of these was a male, aged 18, who suffered from epilepsy for 13 years, found dead in bed; hemiplegia of the right side, right wrist and ankle firmly contracted, right lower extremity one inch shorter than the left, right thigh two inches less in circumference, and calf of right leg, two and a half inches less in circumference than the left. The

circumference of right arm and fore arm two inches less than the left. There was an extensive loss of substance laterally of the anterior lobe of the left cerebral hemisphere, the space filled by fluid contained in a reticular membrane, the cerebral substance beneath the membrane, smooth, unusually firm, and of a brownish colour; the right cerebral hemisphere weighed $21\frac{1}{2}$, the left $14\frac{3}{4}$, the entire brain $41\frac{1}{2}$ ounces avoirdupois. The difference in weight between the two hemispheres, $7\frac{1}{4}$ ounces. The lesion of the brain was probably from apoplexy, causing the hemiplegia, &c. of the limbs on the opposite side.

2. Male, aged 19, died of typhus, the ridges of skull unusually prominent in the temporal fossa; weight of the brain, $46\frac{3}{4}$ ounces.

3. Male, aged 20, died of typhus, combined with pneumonia, subject to epileptic fits four years, from a fright; an encysted tumour or gelatinous bag, size of a filbert, over the left cerebral hemisphere; thinning of the corresponding portion of the skull; in other respects the brain natural; weight, $47\frac{1}{2}$ ounces.

4. Male, aged 25; epilepsy combined with mania; the fits, of seven years duration, came on two weeks after a fall attended with fracture of the skull, and generally occurred about twice a week, two or three each time; the brain large, in other respects natural; weight, 49 ounces. The skull appeared natural.

5. Epilepsy combined with mania; horsedealer, aged 33; fits of recent occurrence succeeded by mania; under treatment nearly three months; arachnitis; roughness of lining membrane of fourth ventricle; brain large; weight, $51\frac{1}{2}$ ounces. No organic disease in chest or abdomen.

6. Male, aged 41; epilepsy combined with idiocy; congenital; a brother likewise epileptic; the brain small, in other respects natural; weight, $38\frac{1}{2}$ ounces; died from pulmonary phthisis.

7. Surveyor, aged 48; epilepsy combined with mania; fits very frequent, as many as fifteen reported in one night, subject to them for several years, and supposed to have been caused by close application to business; under treatment three months before his death; congestion of blood in the brain, which was very large; weight, $53\frac{1}{2}$ ounces; pneumonia of left lung.

8. Female, aged 34; epileptic fits not frequent but very severe; the brain large and cerebral convolutions flattened; weight, 48 ounces; pleuro-pneumonia of the left lung.

9. Female, aged 38; subject to fits from the age of two years; at five years old she lost partially the use of the limbs on the left side, which she never recovered; the limbs on that side were convulsed the most in the fits. She was subject to ascarides, bowels habitually constipated, and menses never regular. In later years the fits occurred every week in hot weather; in cold weather she was often free from fits for four or five weeks. At the age of 29, in one of her attacks, she fell in the fire and burned her arm. She died suddenly. The right cerebral hemisphere was two ounces lighter than the left; weight of the brain, $45\frac{3}{4}$ ounces; no organic disease in either the heart or the abdomen.

Analysis of the nine foregoing cases of epilepsy.

The weight of the brain was natural in only one case, as compared with the average weight of the brain in the sane, which is found to be nearly 46 ounces avoirdupois in the male and 42 in the female adult. In four males, and in the two females, the brain was *above* the average weight; and in two males *below* it; one of these was an idiot, and in the other there was a remarkable difference between the cerebral hemispheres, one being only two-thirds the weight of the other. A similar one of a male epileptic, where there was a still greater inequality between the cerebral hemispheres, was published by me several years ago in the *Edinburgh Medical and Surgical Journal*, No. 172, case 823. In one of the females there was also a difference of two ounces between the cerebral hemispheres. Death was sudden in each of these three cases, and there was no other serious organic disease in any of them, beyond the chronic affection, the inequality of the two hemispheres of the brain. In one male, sharp bony ridges in the temporal fossa; in another male, tumor in the cerebral membranes; congestion of blood in the brain in one male, and arachnitis in another male; the brain and membranes natural in two males.

The disorder was combined with typhus fever in two males, and in one of them also with pneumonia; in another male with pneumonia, and in one male with pulmonary phthisis; in one female with pleuro-pneumonia.

Thirteen hundred patients have been admitted into this institution, which was opened in 1848, and of this number 145, or eleven per cent., have been epileptics. The number of male and female admissions have been equal, but there has been one-third more male than female epileptics. It has been observed that some of the male patients with general paralysis, and others with chronic mania, who had not previously, as far as was known, been subject to epilepsy, had,

for the first time, epileptic fits after their admission here; these fits shortly preceded death, as ordinary convulsions often do in general paralysis.

The experience of Esquirol, as regards the relative frequency of epilepsy between the sexes, is quite contrary to what has occurred at this institution. He states the number of epileptic females to be greater by one-third. He considers epilepsy contagious, by the fright which an attack occasions. Two or three instances occurred here in which persons, not known previously as epileptics, were seized with fits soon after having kindly given their assistance to other patients during their attacks. If such cases were common, the association of persons affected with epilepsy should be guarded against.

Ages of 145 epileptics, 84 males and 60 females, admitted to this Asylum: Under 10 years, 1 male; from 10 to 20 years, 18 males and 6 females; from 20 to 30 years, 24 males and 17 females; from 30 to 40 years, 13 males and 20 females; from 40 to 50 years, 13 males and 12 females; from 50 to 60 years, 7 males and three females; from 60 to 70 years, 5 males and 1 female; from 70 to 80 years, 3 males and 2 females. More than half the males and one-third of the females were under 30. Females from 30 to 40 were mostly affected.

The duration of the epileptic fits was from childhood in 48 males and 20 females; for many years in 13 males and 22 females; and was unknown in 23 males and 19 females.

Causes: The fits were attributed to hereditary disposition in 12 males and 8 females; to fright in 3 males and 1 female; to injury of the head in 6 males and 1 female; to grief in 1 male and 1 female; to associating with epileptics in 1 male and 1 female; over anxiety in 1 male and 1 female; disease of the brain in 1 male and 5 females; causes not ascertained in 47 males and 43 females. Most of the cases being brought by the parish officers from the workhouses, little information respecting their early history could be obtained. A hereditary tendency to epilepsy, infantile convulsions, and insanity, has been observed by me on former occasions, and one female epileptic inmate had four out of eight children who died in convulsions; two daughters at the age of puberty were affected with mania, and two of her sister's children (adults) were at one time also affected with mania, four of the family being at the same time inmates of this institution. Van Sweiten and Esquirol found that persons who had become insane at an early age had been generally first epileptic.

The treatment was regulated by the bodily condition and

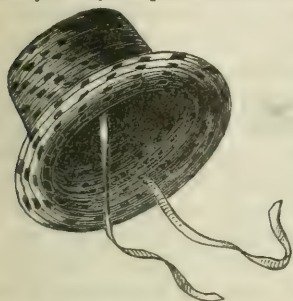
symptoms in each individual; in those of a plethoric habit with a tendency to blood to the head, blood letting was practised in three males and two females. Digitalis in large doses was given in seven cases, as recommended by Dr. Sharkey,* without success; it is a formidable remedy. The pulse was reduced by it, in 24 hours, from 102 to 48 beats in the minute, and became remittent. The fits, for the time, were less violent in one case, the intervals between them prolonged. An aged man, with dropsy, subject to fits, was relieved by diuretics and discharged. Purgatives were given to 12 males and 13 females, and one was always benefited by the use of oil of turpentine, given where intestinal worms were supposed to be the exciting cause of the fits. Mercurial medicines were given to four males, and one female derived benefit from them, and has recently been discharged in an improved state; the other cases were not benefited. Counter irritants were used in two males and five females. A solution of atrophine, applied endermically to a blistered surface, of the strength of four grains to the ounce, has been tried in a few cases, without any marked results. Tonic and stimulant medicines were given to 10 males and 14 females; one female, with scrofula, was greatly benefited by cod liver oil, and has been discharged. Anti-spasmodics have been given to 17 males and 22 females. Of this class of medicines, a tincture of sumbul has most frequently been used; it is the least disagreeable of them to take. One female experienced great relief for a considerable period from its use, but subsequently her fits returned with greater frequency and intensity. Dr. Radcliffe† has recorded cases of epilepsy (not combined with insanity,) in which tonics and stimulants, as quinine, ammonia, citrate of iron, chloric ether, and naphtha were largely given with benefit. Dr. Hunt, in previous numbers of the same journal, recommends acid baths, and nitromuriatic acid taken internally. He upholds the theory that there is an excess of alkalies in the blood.

In order to guard against accident at night, it has been recommended that epileptics, in asylums, should sleep in associated rooms. Some beds have been placed on an inclined plane on the floor, and stuffed at the bottom and sides; or, what is, perhaps, still better, laid with springs, so as to raise the head and shoulders; the position is more favorable, and there is less risk of suffocation. Wooden partitions, about five feet high, have also been fixed between the beds. To a

* *Efficacy of Digitalis in Idiopathic Epilepsy.* Highley, London, 1841.

† *Medical Times and Gazette*, March 29, April 5, 19, and May, 1856.

few, open lattice framed doors have been added, and wire-work at the top, to prevent the patient getting out when dangerously excited. This precaution has been found necessary, only at present, on the female side.



Epileptics in falling down suddenly, frequently cut their foreheads or other parts of their face; caps of various kinds have been used, both in Continental and English lunatic asylums, to prevent such injuries; but from their construction have been found to keep the head too warm, and were therefore rather injurious than otherwise. Common willow hats, which are light and cool, have been provided at a small cost for this asylum, and the broad brims turned over and stuffed with horse-hair, thus forming an elastic pad round the head, or across the forehead only.

Asylum Architecture and Arrangements. By Dr. Bucknill.

A commodious and conveniently arranged asylum is the first requisite for the skilful care and treatment of the insane. Without this no alienist physician can deal successfully with any number of patients. It is, indeed, the bad workman who complains of his tools; and it will be found in practice that a superintendent fertile in resources, and skilful in their application, will do more with a bad building than another can effect with the newest, the most expensive, and the most commodious asylum that ever was constructed. It is not the bricks and mortar which cure patients, but the living spirit which, as it were, animates them. Nelson, in his old tubs, effected deeds at which the world grew pale; his braggadocio and vituperative successor has exhibited the gigantic masterpieces of naval architecture in an useless and ridiculous parade. In like manner it has happened that some of the worst asylums have been the best conducted, and some of the largest and most costly have brought more disgrace than honour upon the psychiatric branch of the profession.

There are, however, certain principles of arrangement and requisites of accommodation, without which no asylum, either

large or small, cheap or costly, new or old, can be effectively employed in the care and treatment of the insane. Even Nelson could not act without cannons, or sail without masts; and in asylum architecture, it is the opinion of a considerable proportion of experienced superintendents, that a large number of single sleeping rooms, and a large extent of corridor and day-room, are not less essential to success in their contest with mental disease. A new school has arisen, (if the term school can be applied to the high bureaucratic regions of asylum government,) in which different opinions are held, in which the use of single sleeping rooms is repudiated, and dormitories with day rooms are held to afford all the accommodation needful for the insane poor. This controversy between the advocates of the little room and those of the big one, is scarcely so sharp as that which occurred in the Island of Lilliput, between the little endians and the big endians; perhaps because controversy is usually acrimonious in proportion as the subject of it is unimportant. In the present instance the matter of dispute is of grave importance, and the manner in which it is decided will lead to practical and weighty results. The advocates of the little room maintain that the comfort and welfare of their patients can only be secured on their plan. The advocates of the dormitory maintain that this is an error, and that the opposite plan ensures a far more economical method of providing for the insane poor, and therefore of extending the benefits of care and treatment to a larger number, at an equal cost.

We shall endeavour to examine the advantages and objections to each plan, with as much impartiality as a man who has practically felt them can maintain. A man who is to some extent a party in the cause cannot be wholly impartial. A man limping with corns on his toes, although permeated with the spirit of justice, will scarcely be brought to appreciate the merits of a tight-fitting boot. Our arguments, however, must go for what they are worth; and, from the nature of argument, they must carry the same weight to whichever side our opinion may incline.

The questions of single sleeping rooms, and of sufficient foot-space by day, on the one hand, and the questions of dormitories and of three-story buildings, on the other hand, are intimately allied. The controversy stands thus: Many single sleeping rooms, with plenty of footspace, in a two-story building, *versus* large dormitories, the avoidance of corridors, and a three-story edifice. We believe that we are justified in stating the question in this manner, with regard to the number

of stories, because a two-story building was for many years a *sine quã non*, in the architectural regulations of the Commissioners in Lunacy ; and the relaxation they have granted on the severity of this rule is a consequence of their present opinions on the subject of dormitories. They permit a third story to be erected, if it is occupied with dormitories alone. We believe that they refuse their consent to the erection of a third story, if the arrangements are such as to oblige the patients, not only to sleep in it, but to live in it. In this refusal we think the Commissioners quite right. If a third story is admissible, it can only be so as a space for dormitories. To compel lunatic patients not only to sleep, but to live three stories from the ground, is to inflict upon them an amount of inconvenience and discomfort, for which the saving in the relative cost in the two and three-story buildings will by no means compensate.

In densely populated towns, where land is sold by the foot and by the inch, it becomes a matter of economy to erect a lofty many-storied building ; but in the country districts, where asylums are placed, the value of building space is without weight. The only recommendation of the tall building arises from economizing the expense of the roof. One roof will cover three stories as well as two. In Scotland they have found out that one roof will cover ten or twelve stories. Therefore, in *original construction*, the taller edifice is always the cheaper, but in *use* the taller edifice is always the dearer ; that is, if ascending stairs is permitted to count for labour. It was Dr. Garth, we believe, who, when he had lost 5,000 guineas in the South Sea scheme, said, "Never mind, it is only ascending 5,000 pairs of stairs more ;" and the doctor deserved a "storied urn" for his equanimity. A guinea a flight would, no doubt, be a high estimate for the ordinary dwellers in upper stories, but even to the poorest inhabitant of the Canongate, such a getting up stairs as he must undergo, represents so much daily expenditure of muscular force, and therefore so much daily outlay of that which supplies muscular force, as would render these aerial edifices in the long run the most extravagantly expensive that were ever invented. Those great economists of labour, the Yorkshire mill-owners, have discovered the absurdity of tall factories. The immense factory of Mr. Marshall, at Leeds, is all on one floor. The economy of labour and supervision thus effected will insure them many imitators, where ground is not dearer than labour. These observations apply with equal force to the elevation of asylum buildings. To live in the upper story of a

high building, must consume the muscular energy of lunatic patients, who have often little enough to spare of it. If they run up and down stairs, in order to run in and out of the open air, as often as would be good for their health, under favorable circumstances, to meet their requirements the upper-floor patients of a tall asylum, ought to have a better diet than those in *rez de chaussé*, and this would soon expend the saving effected in a smaller expanse of roof. Practically, we believe that in asylums built with a multiplicity of stories, the patients who live aloft are, to a considerable extent, removed from the enjoyment of air and exercise, and the care and sympathy of their fellow men. They are less visited by the asylum officers, and they less frequently and fully enjoy the blessings of out-door recreation and exercise. Those below will have many a half-hour's run, from which they are debarred; the half-hours of sunshine on rainy days, the half-hours following meals, and many of the scraps of time which are idly, but not uselessly, spent in breathing the fresh air.

We believe, therefore, that the Commissioners have exercised a sound discretion in the long resistance which they have made to the erection of asylum buildings of more than two stories. They have lately withdrawn this resistance; and at the present time they do not object to, perhaps it may even be said that they recommend, three-story buildings, on the condition that the third story is exclusively devoted to dormitories. This condition certainly does obviate the most serious objections which can be urged against the third story, as a place for the day residence of patients. It is, however, not free from objections of a different character. It is asserted that the new plans, of which it forms a part, provide by far too small a number of single sleeping rooms, and by far too large a portion of dormitory accommodation; and that by obviating the necessity of long corridors or galleries, with rows of single sleeping rooms on one side of them, the new plans provide an insufficient amount of footspace for the comfort and well-being of the patients. These objections are serious ones, since it is very certain that a due amount of single rooms, and a due amount of footspace in day rooms and galleries, are essential to the comfort and well-being, to the successful cure and treatment of the inmates of asylums. It may be said that the appropriation of the third story to sleeping accommodation, does not necessarily imply that it should be devoted exclusively to dormitories. Practically, however, it does imply this; for the use of a whole story for sleeping room, renders the single room arrangement exceedingly in-

convenient. Any number of single rooms could only be gained by placing them in double rows, either back to back, or on each side of the building, with narrow passages between, an objectionable arrangement, which is not contemplated in the new plans. These plans do actually provide a much larger proportion of dormitory, and a much smaller proportion of single room than those previously in vogue.

We shall, therefore, now proceed to examine this part of the question by itself. What are the advantages of dormitories? They are undoubtedly more economical than single rooms in their original construction, and to this advantage we must attach great weight. The cost of Lunatic Asylums has been so vast, the accumulation of chronic patients has been so rapid, and the demand for further accommodation for hundreds of insane poor, excluded from the benefit of treatment on account of the want of room in asylums, has been so urgent, that any means calculated to reduce considerably the cost of asylum buildings, must be looked upon as in themselves calculated to promote the interests of the insane poor; unless, indeed, such means are inconsistent with that humane care and skilful treatment which they ostensibly provide. If the dormitory system does not provide for the care and cure of patients to an equal degree with the single room system, then its great recommendation of economy is specious and untrue. If only a few cases of insanity lapse into a chronic and incurable state, from the remedial disadvantage of the dormitory system, their maintenance will dip deeper into the public purse than the architect's estimates of saving can counterbalance. It may be urged that County Asylums are already crowded with chronic and incurable cases; that the number of recent cases forms a very small proportion of asylum population; therefore that giving due weight to the above argument, the great bulk of asylum population may be economically lodged in dormitories. On the mere financial view, the expense of single rooms may, it is true, be only needed for patients in whom some hope of cure exists; but apart from the financial consideration, the best mode of providing for the cure and treatment of incurable patients, is not to be lost sight of. Skilful care and treatment, applied to the curable, means cure. Skilful care and treatment, as applied to the incurable, has a lower signification. It means the preservation of its objects from a very large part of the misery which their disease would otherwise entail upon them; it means protection from their

own and each others violence ; it means the provision for their best possible hygienic state, both of body and mind ; it means the avoidance of those annoyances whicy may destroy the comforts of life, one of the greatest of which is tranquil and undisturbed sleep ; it means, in fact, the general amelioration of their state of mind and body, the result of disease ; and the amelioration of the loss of personal liberty, imposed upon them for the security of the public. If these purposes of care and treatment cannot be fulfilled by an exclusive dormitory system, that system must be held to fail in the humane purpose of asylum construction.

Still dormitories must be allowed to have the advantage of economy over single rooms, in regard to that large number whose probability of cure is not affected by them, and whose nightly tranquility and comfort is not diminished by them ; that is, they have the great advantage of economy undiminished by other considerations, in all but exceptional cases. The exceptional cases, indeed, are very nnmerous. We shall endeavour to estimate their proportion, and thus to arrive at some rules for the distribution of sleeping arrangements. Dormitories have also certain positive advantages which ought not to be forgotten. They certainly facilitate the measures taken for impressing habits of cleanliness by night, upon idiotic and demented patients. Quiet patients of this class, who, if neglected, would be wet and dirty, are brought into the habit of turning out two or three times a night, under the inspection of the night attendants. Moreover, there always exists a certain number of timid and melancholy patients, who sleep better in the company of others than by themselves. It has been often asserted that fearful patients of this kind, and also melancholic and suicidal patients, demand the presence of an attendant sleeping in the dormitory. We have seen the plan in use elsewhere, and we have tried it ourselves. From the test of experience, we must pronounce it worthless. An attendant in good health, who has done a fair day's work, will sleep soundly through all the hours allotted for that purpose. If he have lounged through the day half awake, it is possible that he may dose through the night half asleep. But it is a good rule in asylums, as elsewhere, to do one thing well at a time ; and a wise superintendent will wish and endeavour to preserve for his attendants good health and sound sleep. Now a sound sleeping attendant in a dormitory, soon gets accustomed to little, or even to great noise. Indeed, in a

noisy dormitory he would be more likely to have his rest broken by unusual quiet, than by the customary disturbance: like the captain of a leaky vessel, who could only sleep when the pumps were clanking, and immediately awoke when they stopped. Now the presence of a sleeping attendant is more likely to create a false confidence, than to be of any real service; for no attendants require to have all their faculties more completely awake, than those who discharge night duties.

Let us now consider the nature and the number of those cases for which single sleeping rooms are requisite, and for which dormitory accommodation is inappropriate. These cases may be divided into, 1st, Those of recent disease; 2nd, Those chronic patients whose habits would be obnoxious to persons occupying the same sleeping rooms, or dangerous to themselves; 3rd, Chronic cases suffering from temporary excitement or illness; 4th, Patients whose education or habits would render the use of a dormitory a painful infliction upon their delicacy or self-esteem.

1. In round numbers, an asylum containing 500 patients, will admit about 120 patients per annum, unless, indeed, its portals are closed against legitimate applicants. Of these, about two-thirds will be recent cases, and one-third cases of epilepsy, paralysis, or chronic insanity. Nearly all the recent cases will require single sleeping rooms for their successful medical treatment; and of the remaining third, one-half will require the same accommodation on account of violence of conduct, epileptic or paralytic excitement, or the necessities of bodily illness. Five-sixths, therefore, of recent admissions will require single rooms. But as nearly half the admissions will be discharged, cured, before the end of six months, the actual number of single beds required for recent admissions may fairly be estimated at about fifty. It appears unnecessary to assign the reasons why recent cases require single rooms. Every one practically acquainted with asylum management, is well aware, that with few exceptions, recent cases cannot be placed in dormitories. Pauper patients are not sent into asylums in such a tranquil trustworthy condition that they can, with any degree of propriety, be placed in large associated sleeping rooms. Treatment may bring them to this state, but when brought to the asylum, in nine cases out of ten, or even more, they have urgent symptoms of some kind or other, the phrenzy of mania, or the sleepless watchful restlessness of melancholia. To place such patients in a

dormitory, would be to sacrifice the safety and comfort of every patient therein to a wretched and futile experiment. Besides, the medical care and treatment of the patients themselves could not be pursued in the dormitory. For recent cases single sleeping rooms are, therefore, without doubt, essentially needful.

2. The class of chronic patients whose habits would be offensive or dangerous to other patients occupying the same sleeping room is a large one. It comprehends all patients of very violent and irascible temper; those many epileptics and others liable to sudden outbursts of excitement and pugnacity; those patients with dangerous or vexatious delusions, women who imagine their fellow patients to be men, or their own children, and a variety of delusions of a similar nature, leading to acts of indecency or disorder, to quarrels and contests; and, finally, both men and women whose sexual propensities are in a morbid condition. This class cannot be estimated at less than one-sixth of the chronic inmates, and in an asylum of 500 beds will require 83 single rooms. Several homicides have already taken place in dormitories, with no better weapons than common chamber utensils. Among the chronic patients whose habits in dormitories might be dangerous to themselves, we reckon a portion of those with tendency to suicide, and all who are ingenious and daring in their attempts to escape. Some suicidal patients may, undoubtedly, be lodged as well or better in dormitories than in single rooms. But for others there is no safety except in a single room, with night-dresses and quilted blankets, which they cannot tear. If placed in dormitories they would tear a strip from their neighbour's sheet, and effect strangulation without any doubt or difficulty. It may be thought that their fellow patients would prevent this, but practically this safeguard is not to be depended upon. A singular instance occurs to our recollection. In a north country asylum a patient sleeping in a large dormitory, with several patients looking on, proceeded deliberately to hang himself. He knotted the end of a sheet, pushed the knot through a small diamond shaped hole in the window shutter, jammed the knot against the narrow part of the hole, and deliberately hung himself in the loose end of the sheet. So far from the other patients rescuing him, they let him hang until he was dead; and then one imitated him exactly, so that when the attendants came to the dormitory they found two dead men hanging to the window shutters. Of escapes which occur during the night, nearly all take place from

dormitories. We could mention many instances which have come to our knowledge of patients breaking through windows and letting each other down by sheets; breaking through ceilings and getting from the roof; slipping through the door while the attendants were busied with other patients, &c. For determined suicidal and escaping patients, a few single rooms must be provided. Two per cent. will be enough, or ten for an asylum of 500.

3. Chronic patients suffering from temporary excitement or illness. Accessions of maniacal excitement occurring during the course of chronic insanity, incapacitate patients for the occupation of dormitories in a scarcely less degree than acute mania. The management of bodily illness differs greatly in various asylums. In some, dormitories are fitted up as infirmary wards; in others, patients suffering from occasional illness are treated in the wards where they usually reside. The latter plan has the advantage of leaving the patient who has an attack of diarrhœa or bronchitis to the care of attendants to whom he is accustomed and attached. Probably, the best system is a medium between the two; the infirmary being employed for serious illness of long duration, and the common wards for the slighter varieties of indisposition. For the treatment of such cases, a few single rooms are needful. A few more, also, are needful in the infirmary ward itself, for the use of patients suffering from diseases which render separation advisable. Diseases causing nauseous effluvia, asthenic gangrene of the back or the lungs, dysentery, &c., diseases of a more or less contagious nature, *erisypelas*, typhus, psora, &c. In an asylum of 500 people, not less than fifteen single sleeping rooms ought to be available for cases occurring under this head.

4. Patients whose education or habits would render the use of a dormitory a painful infliction upon their delicacy or self-esteem. We trust that none of our readers will welcome this class with a sneer. Certainly, no one who has had the charge of a county asylum will feel inclined to do so. He will too well know, from a painful experience, how hard is the lot of many men bred in luxury and affluence, of many women nurtured in gentleness and delicacy, whom the decrees of a hard fate have compelled to associate in the wards of a lunatic asylum, with the rude sons and daughters of toil. To associate with them by day is often a severe trial, modified, however, by the orderly arrangements of an institution which, to a great extent, repress and prevent the boisterous rudeness and vulgarity common in the lower classes. But to associate

with them at night, in a large dormitory, is a far greater trial, and one which cannot be softened. To sleep in a dormitory at all, for the first time in one's life perhaps, would be a most painful shock to persons of delicate feeling, to dress and undress in the presence of others, to have no moment for privacy, for the exercises of devotion, would drive many a sane woman out of her senses, and many an insane woman frantic. The proportion of patients corresponding to the above description varies greatly in different county asylums. It is largest where the asylum population is to a great extent drawn from great towns, and it is comparatively small in the agricultural counties. An asylum for 500 patients in an agricultural county, would not contain more than ten or fifteen of such patients. A metropolitan asylum would contain a much larger proportion. The importance of providing single rooms for patients of this class is advocated by Dr. Conolly, our highest authority on asylum management, in the following terms:

“In all asylums the proportion of single bedrooms appears to me to be too small; and I always recommend architects to have such rooms for at least two-thirds the number of patients to be received into any proposed asylum. A few dormitories, containing not more than four or five beds in each, are useful in an asylum. The timid and the melancholy are best placed in such rooms for the night, and those disposed to suicide are safer with others than alone. But in favour of large dormitories, I do not know one good reason that can be advanced. Those who sleep in them are generally discontented. The air of such large sleeping rooms becomes indescribably oppressive when the patients have been two hours in bed; and it never becomes quite fresh and pure, although all the windows and doors are open, in the longest and finest day. One patient, accidentally noisy, disturbs the repose of fourteen or fifteen; and out of that number there is often some one noisy. One man suddenly irritated, or any one patient suddenly starting out of a dream, may rush on his nearest neighbour and injure him severely. Such accidents are very incidental to dormitories; and in those houses in which they are said to produce no inconvenience, I suspect that all who are likely to be troublesome are fastened to their beds. The violent patients must, of course, be in single rooms, and if dirty patients are herded together at night, a dormitory becomes perfectly disgusting; and as for the clean, and orderly, and tranquil and convalescent patients, no complaint is so constantly on their lips, as that which arises from

their not having a single room, and, consequently, not having a single moment to themselves, or any place where they can be quiet, or, in their frequently uttered words, where they can even say their prayers without interruption. I would, therefore, have at least two-thirds of the bed-rooms single rooms, very few and small dormitories, and no large dormitories for any class of patients."

"In the Derby plan, the proportion of single bed-rooms was rather less than two-thirds; but the Commissioners condemned even this proportion as unnecessary. With great deference to the Commissioners, I consider this to be a serious mistake." (*Conolly on the Construction and Managment of Lunatic Asylums*, p. 24.)

The above estimates have been arrived at from the careful consideration of 500 patients inhabiting an asylum in an agricultural county. They are not, therefore, mere guesses at the proportions of the classes enumerated, they are estimates founded upon the actualities of an asylum population. The estimates are made rather under than over the mark, since the deficiency of single room accommodation in the asylum where they have been made, has occasioned a constant effort on the part of the medical officers to dispense with the use of single rooms wherever it was possible to do so without injury to the patient. Had a larger number of single rooms been available, there is little doubt that a greater need for their employment would have impressed itself upon us. One learns to do without the things one cannot have. The proportion of 168 single rooms to 500 patients, is, we believe, the lowest proportion with which it is right to supply any asylum. The proportion, however, may judiciously be made to differ in the wards appropriated to the two sexes, and in those used by different classes of patients. The women ought to have a larger proportion of single rooms than the men. In the asylum where we write, this proportion is unfortunately reversed; and the habitual state of the male and female wards at night, affords a remarkable proof of the value of single rooms in preventing nocturnal disturbance. The male wards contain 76 single rooms to 236 patients; and on passing through them at night, it is the rarest occurrence to hear any sound, except that of deep breathing, or a wakeful patient muttering or talking low to himself. In the female wards there are 53 single rooms to 293 beds; and in passing through them at night, it is a common occurrence to hear loud wranglings and disputes in the dormitories. On the female side there is twenty times more noise at night in the

course of the year than on the male side. The pernicious effect of this nocturnal disturbance and loss of rest, upon the mental health of the patients, cannot be doubted. Sleep and tranquility are the pivots of mental treatment; and a hospital for the insane, built upon principles which in any degree diminish the means of ensuring these to its inmates, is built upon principles utterly adverse to its main object. The dormitory system, applied to too great an extent throughout any hospital for the insane, would, on this account, be a deplorable error.

The only circumstance in which this exclusive dormitory system is feasible, is in making provision for particular classes of insane patients. In a wing for the use of patients regularly employed in agriculture or handicrafts, single sleeping rooms may well be dispensed with; the lower floor may be used for day rooms, and the upper floor be occupied by dormitories. For such patients, even a three-story building is less objectionable than for the general purposes of an asylum. If for such patients the third story is used for dormitories, after the rooms are cleaned and the beds are made in the morning, the floor will be entirely left until evening. There will be no patients lingering in bed and calling the attention of the attendants from their duties below. The upper stairs will only be climbed once a day. The lower story may be used for work-shops; the middle story for day rooms. This plan has answered with male patients in regular work. We should be sorry, however, to try it with women. Many a female patient will work well at the wash-tub, who is quite unfit for a dormitory.

Our conclusions are: 1st, That at least one-third of the beds in a County Asylum, ought to be provided in single rooms.

2nd, That a two-story building, with single sleeping rooms opening into wide corridors, affords the best general arrangement.

3rd, That a three-story building, with living rooms on the third story, is decidedly objectionable.

4th, That a three-story building, with sleeping accommodation alone on the third story, is objectionable as a general arrangement.

5th, That working male patients require less foot space in their day rooms, and can generally dispense with single sleeping rooms. For such patients, therefore, a three-story building, with dormitories alone in the third story, has the recommendation of economical construction, and is not objectionable on other grounds.

Flemish Interiors, by the writer of "A Glance behind the Grilles." Longmans, 1856.

Notes on Belgian Lunatic Asylums, by John Webster, M.D., F.R.S. Part I. *Journal of Psychological Medicine*, January, 1857.

A small volume styled "*Flemish Interiors*," being notes of a tour of religious enquiry through Belgium, written by some recent convert to the Roman system, is a very readable book, and contains some interesting observations on the establishments for the insane, under the care of the religious orders in Belgium. These observations we were led to compare with a paper by Dr. Webster, in the present number of the "*Psychological Journal*," on the lunatic Asylums of Belgium; and the contrast between the hard dry facts of the man of science, and the bright colours which the religious votary throws over the same scenes, seemed to us worthy of being brought out in our pages.

As it happens both Dr. Webster and the writer of the "*Flemish Interiors*," start at the same place; at the old town of Bruges, so replete with memories of the glorious days of the low countries. Many of our readers will recall the musings of the transatlantic poet, on the summit of the grand old belfry of Bruges, when as the summer morn is breaking, he stood on that lofty tower, the city slumbering at his feet, and—

Visions of the days departed, shadowy phantoms filled my brain;
They who live in history only, seemed to walk the earth again.
I beheld the pageants splendid, that adorned those days of old;
Stately dames, like Queens attended, knights who bore the Fleece of Gold.
Lombard and Venetian merchants, with deep-laden argosies;
Ministers from twenty nations, more than royal pomp and ease.
I beheld the Flemish weavers, with Namur and Juliers bold,
Marching homeward from the bloody battle of the spurs of gold, &c., &c.

Very different is the story of that fallen city now. Its valour and its commerce have alike passed Westward, and freedom and despotism carry on to-day their eternal warfare uninfluenced by the "braves Belges;" while, with a population of less than one third of its ancient numbers—

In Bruges town is many a street,
Whence busy life hath fled;
Where without hurry, noiseless feet
The grass-grown pavement tread.

Dr. Webster states that there are two asylums for the insane at Bruges, that of St. Julien and of St. Dominic. In the "*Flemish Interiors*," the former only is referred to.

The following is the account furnished by Dr. Webster of the St. Julien asylum:—

5. St. Julien Asylum.—This institution is one of the most ancient establishments for receiving lunatics, throughout Belgium. It is situated in a wide, airy street, near the railway station, close to the Porta Santo—one of the gates of Bruges—and closely adjoining its ramparts. Being originally a convent, the buildings are old, and some appeared not well adapted for their present purpose. Still, considerable improvements in the interior arrangements having been since effected, it is much resorted to by patients of both sexes. According to tradition, this locality formed a hostelry for pilgrims, so early as the seventh century; but it was not till about A.D. 1500, that insane persons were received within its precincts for protection and treatment. Attached to the present lunatic institution of St. Julien, and under the same superintendence, two other—although much smaller—establishments, are also opened for the treatment of persons afflicted with mental disease. One is, that of St. Anne, situated in a healthy and agreeable district near Courtray; the other being the Convent of Cortenberg, lying between Brussels and Louvain, in a very picturesque locality, celebrated for salubrity. This house has been recently rebuilt, according to the approved principles of modern architecture; but, being intended solely for the accommodation of female patients of the upper and middle classes, the number received is therefore very limited. Having thus three separate establishments—all under the same superior direction—the relatives of private patients may therefore secure, if considered advisable, a change of residence, so that those who wish can then pass the winter in town, and summer in the country.

When I visited St. Julien—early last September, the total population of the chief institution, situated in Bruges, amounted to 310 lunatics; of whom 166 were male and 144 female inmates. Of these, half were tranquil patients, seventy-five agitated, thirty-eight epileptics, thirty idiots, and twelve were then considered convalescents. Amongst the whole, thirty were classified as dirty persons; the sexes being nearly equal, in reference to that particular feature. No female lunatic appeared in camisole, or undergoing any kind of bodily restraint whatever. However, one male patient was temporarily confined by a strait-waistcoat, whilst two men and one woman were in seclusion cells; all three being much agitated and very violent. The general population seemed tranquil, considering the number of inmates congregated in different divisions. Many females occupied themselves in lace-making, domestic employments, and in preparing or mending clothes for residents. A large number of male patients were engaged in agricultural work on the adjoining farm, which amounts to twenty acres, belonging to this institution; as likewise in the garden attached to the building for private male pensioners. These pay a larger sum for board than the indigent residents, and varies from 500 to 2500 francs annually; whereas, the allowance received from communes, for pauper patients, amounts to only 75 centimes per diem—that is, 273 francs, or £11 annually; which truly seems a very low remuneration for such inmates—feeding, lodging, and clothing included.

Being in most parts an ancient structure, this asylum is not conveniently arranged. The apartments are too crowded in several instances, and its buildings being sometimes very close together, there seemed not sufficient separation of several wards occupied by the different sexes. Nevertheless, much has been done to remedy existing defects; and considerable improvements are also in contemplation. The patients' court-yards are four in number, some being, however, rather limited; and there are, besides, three small gardens for inmates taking open-air exercise, with another of greater magnitude for pensioners, whose number amounted to forty-eight, comprising twenty-two females

and twenty-six male lunatics. Of these, several were, I understood, natives of Great Britain. Indeed, one was pointed out who had only recently arrived from the north of England.

Two physicians and one surgeon are attached to the St. Julien Asylum, one of whom pays daily visits, or oftener, if necessary; but there is no resident medical officer. The chief authority and director is M. le Canon Maes, who has a lease of his present premises from the Mendicity Dépôt of Bruges. That reverend gentleman may be therefore considered the proprietor. He is principal manager, takes all pecuniary risk upon himself, and must be at whatever expenses either improvements or alterations may entail. Those now essential are certainly considerable, in order to meet the requirements of constituted public authorities; and consequently, to render the interior more in unison with the present ideas entertained, regarding what seems proper treatment for lunatics.

Having been only previously licensed until the 1st of last April, on condition that various important changes, admitted by impartial parties as urgently required, were effected in its internal arrangements, this institution remains at present without legal sanction; and will continue, till the Committee of Inspection's suggestions are completed. Different propositions were made to arrive at a satisfactory solution, but, hitherto, every effort has proved unsuccessful. As the Communal Council of Bruges have not yet sanctioned any of the plans proposed, and as the administrators of hospital property, the Inspectors of lunatics, besides the parties interested pecuniarily in this establishment, all entertain very different opinions with reference to the questions in dispute, some time may yet elapse ere matters shall be arranged satisfactorily. This dilemma is much to be regretted, since the hospital of St. Julien has long been known as a useful institution; and if properly reorganized, whilst various admitted defects were removed, it would doubtless confer most useful benefits upon those unfortunate persons, for whose individual advantage it is destined. The anomalous position, in which this institution is now placed, forms the subject of a special notice in the Committee of Inspection's last Report, who think it cannot much longer exist as at present. The ameliorations demanded must be carried out efficiently, or the establishment will be shut up and suppressed.

During the past year fifty-two new patients were admitted, thirty-two being male, and twenty female lunatics; twenty-seven left the asylum cured, of whom nine were male and eighteen female inmates, and thirty-three died; the male patients in that category being twenty-one in number, with only twelve females. These figures hence show that insanity oftener affected male persons applying for relief at this institution, and fewer were discharged cured; whilst the proportion of deaths ranged higher amongst that sex, than those recorded in female patients. Such results, however, become less remarkable when it is known that two-thirds of the inmates were classed as incurable lunatics; and in about one-third only was a slight hope entertained of ever doing much good, still less gave any prospect of recovery. In fact, the mental diseases of many being of long standing, their favourable termination consequently appeared utterly hopeless."

Contrast with Dr. Webster's description, the following entry in the "*Flemish Interiors*:"—

"Wednesday 5th Sept. Having arranged to visit the Hospice St. Julien one of the Chanoine Maes's admirable institutions, I proceeded to the Rue de la Bouverie, where I was to meet Father Ignatius at ten o'clock. Arrived at the Convent, we were shewn into the Salle-à-Manger or guest-chamber, a fine noble room in the style of the last century, with noble windows, tapestried walls, and substantial furniture. It is here that annual and other meetings are held by the friends and supporters of the institution. On the occasion of a dinner given to such persons, the guests are waited upon by the convalescent patients, who acquit themselves so well, that no one could discover in them any mental indisposition. The Mother Superior soon appeared, received us with great civility, and readily consented to shew us the institution.

The building is extensive, but irregular and rambling, not having been originally constructed for its present purpose. This as well as the land on which it stands is parish property, which occasions much inconvenience to the occupants. Such are the restrictions, that they can neither add, alter, nor even repair any portion of it, without express permission. There is a farm of about fifty acres attached, which furnishes occupation to the male patients, and contributes to their common support. The house contains about 330 inmates of both sexes.

The inmates in this institution are for the most part *les indigens de la ville*, but middle class patients are also received on paying a moderate sum annually, being accommodated with a private room. The former are paid for by the parochial authorities by whom they are sent. The cost of each inmate is estimated at 75 centimes (about 7d.) per diem.

The care of the *Aliénées* of both classes is committed entirely to the Sisters; and though there are servants, their duties are confined to the *gros ouvrages*, in which they are superintended by the Sisters, and assisted by such of the inmates as are sufficiently sane to be employed. Everything that is personal to the patients, is done for them by the Sisters; this, indeed, is a part of their vow, and even the cooking for them is done by the Nuns. They are *Hospitalières* of the order of St. Augustine, sixteen in number at this house, and eight at the convent St. Joseph—a similar institution for the reception of patients of the upper classes at Cortenberg, near Brussels. In consequence of the nature and variety of their employment, these Nuns have been permitted by episcopal authority, to reverse the white habit and black scapular, for a black habit and white scapular. They are all Flemish but one, who is a young Englishwoman, not yet professed. Besides the Chanoine himself, who says Mass daily here, there is a Chaplain at each house; all the inmates who are in any degree able attending the services, and rarely behaving otherwise than remarkably well.

Round the *coups de bâtiment*, appropriated to the *Aliénées*, runs a cloister opening with arches into the garden, which belongs to them. Being fine bright weather, a great number of the patients were seated on the benches, which are fixed against the wall, others on chairs, and many in the garden itself; some were occupied with needlework or lace making, others were conversing together, and some were walking or playing; a few looked wild, and several seemed in a passive state of melancholy tranquillity. As we entered, we observed a little knot of the patients collected in one spot, and giving way to rather noisy demonstrations of mirth and hilarity; the cause of which, proved to be the costume of a party of Sisters of St. Vincent de Paul, who had come to visit the institution, and whose large white caps being new to them, had greatly attracted their attention, and appeared to create no small degree of merriment, in which the Sisters of Charity themselves heartily joined. Most of them nodded familiarly as we passed, and seemed pleased to be noticed or addressed. They all appeared conscious of the presence of the Mother Superior who accompanied us, and saluted her as we walked through the various rooms. Some asked her for snuff, of which they are very fond. In a large room within, was another detachment, under the surveillance of a Sister, sitting very quietly, occupied in different kinds of work, but chiefly lace making. The most part of these had quite the appearance of sane persons. They seemed gratified when we stopped to admire the result of their industry, which is sold for their own benefit. One among these, who was not employed, called to us to stop, and then asked if we did not know who her parents were, and immediately added, 'Je sais moi que nous serons tous jujés par Dieu après notre mort.' They are all treated with the greatest humanity and gentleness, and force is rarely if ever employed. The consequence is, that they are excessively fond of the Sisters, and seem to obey them from motives of love and gratitude. The kitchen is attended to by the Sisters. The farm and gardens are worked by the male patients, under the surveillance of attendants. Those we saw occupied in these avocations, looked not only contented, but interested in their employment. Two were sawing wood.

The chapel is small, but they have made the most of it. Though very dark and sadly out of repair, they are unable to restore it under their present tenure, and the parish (to whom it belongs) cannot be persuaded to the necessary expense of making it water tight. St. Godeliève, the Patron Saint of Bruges has a shrine here, &c. &c. &c."

The other Belgian asylum which we wish to notice, is the asylum for female patients at Ghent.

Dr. Webster thus describes his visit there:—

"Asylum for Females.—The establishment which now comes under review is situated not far from the ancient Asylum for male patients just described. It lies in the same quarter of Ghent, being close to the street and canal already mentioned—having only intervening the large buildings at present occupied as the College of Jesuits. According to an inscription still visible on a stone placed over the antiquated gateway, the year 1605 is stated to be the date of its foundation. The present structure was erected by the magistracy of Ghent, upon ground formerly constituting part of the ancient ramparts, but which now forms almost the centre of the modern city.

Being surrounded by streets, many private houses, besides public buildings, and having a large factory close to its very entrance—the noise of whose revolving machinery never ceases during day-time—the outward condition of this Asylum seems by no means favourable. In the interior, with reference to the actual number of inmates, sufficient space appears wanting for the existing population. Hence, it is only through various ingenious combinations, carried forward by the constant zeal of managing authorities, that this institution has been made convenient, or able to contain comfortably its numerous residents under treatment. Like the establishment for males, it receives lunatics of the indigent classes belonging to Ghent; and likewise, by special permission, patients from other districts. The property belongs to the Civil Hospitals' Commission, and is managed under their administration. Although greatly superior to the male department in many attributes, nevertheless, impartial observers cannot but agree in the expressed opinion of several officials, that a time not distant must arrive, when some new locality will have to be chosen, and another structure erected, for the reception of indigent females: much of the same description as the building now in course of construction for the pauper male lunatics. In the meantime, however, this institution continues to render important services to suffering humanity, being distinguished by the order, as also cleanliness everywhere prevalent, besides the care and attention exhibited towards patients. To carry out these important objects more effectually, the administration propose to add an adjoining house to the present accommodation; so that several further ameliorations may be accomplished, which cannot be now fully realized, in consequence of the limited space possessed, and from other existing inconveniences.

When perambulating the different dormitories, court-yards, and other appurtenances of this Asylum, although some appeared rather of a limited extent—owing to the nature of its ancient buildings, and confined interior precincts—the cleanliness, excellent ventilation, general tranquility, and good order which prevailed throughout, were very gratifying to behold. Much attention appeared given to keep the various wards always thoroughly ventilated. This became the more necessary, although it was attended with greater difficulty in effecting, seeing apparatus had to be applied to an anciently constructed domicile like the present. M. Guislain has especially undertaken this very responsible task; and, judging from various effects already produced, by the machinery employed for that purpose, as likewise the absence of all unpleasant odours, when passing through different apartments at an early hour, visitors might conclude on such evidence that these hygienic operations have proved successful. Consequently, critics may fairly say that one step in advance had been made towards solving the much disputed problem—Can efficient ventilation be ever really accomplished?

Throughout, the wards looked very clean, the inmates tranquil, well clothed, and apparently contented. In one apartment I saw about 120 patients at work, many being then engaged in lace-making, which seemed to me of much better quality, if not finer, than that made by ordinary sane persons. Indeed, report states, the article manufactured in this establishment is highly esteemed, from its unusual cleanness and beautiful texture; these qualities being particularly noticed in a lace veil lately presented to H.R.H. the Duchess of Brabant. Subsequently, a large party were noticed at dinner, who then conducted themselves quietly, the same as ordinary persons, and really behaved very like rational creatures. In another apartment, upwards of a dozen young females—all idiots or imbeciles—were assembled at their singing-lesson, under the tuition of a zealous "sister." These poor girls sung delightfully, accompanied by their teacher on the piano, which made quite a musical treat; and as several juvenile performers were blind or dumb, while their execution hence seemed more surprising, this unexpected performance by intellectually bedimmed and unfortunate fellow-creatures caused us greater gratification. Many inmates seemed helpless from physical infirmities; but, considering their previous position in the external world, they now lived comparatively more comfortable.

The number of resident lunatics under treatment, on the day of my visit, amounted to 269 altogether, of whom 201 were considered incurables, and twenty-five as doubtful, in reference to any prospect of ultimate recovery; the remainder being classed as curable or recent cases. The agitated patients were reported at fifty; the epileptics comprised forty-seven examples; whilst the dirty furnished thirty instances. No person was under restraint of any kind whatever, nor in seclusion. Indeed, it may be added, that physical coercion in any form is very seldom employed at this establishment; the great objects constantly kept in view being to amuse and occupy the inmates, whereby tranquillity becomes promoted, at the same time that such means tend to improve their mental condition.

About half the entire population are usually engaged in some kind of employment. Many zealously spend hours in lace-making—the common occupation of females in this part of Flanders. Numbers work as mantua-makers; others in the laundry, and at wool-picking; besides a large proportion who attend to household and domestic duties; as, also, knitting stockings, or in making and mending clothes; of which the amount annually accomplished is considerable. It must however be added, that M. Guislain does not consider the quantity of work done as always an unerring criterion of its utility. He even objects to any excessive development of physical labour in confined apartments, or close workshops, as thus imparting to the establishment an aspect of being a factory, a prison, or like ordinary depôts of mendicity. Further, M. Guislain thinks, unless the occupation chosen is carried out with discernment and caution, it may aggravate a lunatic's malady; whilst bodily labour which is severe, fatiguing, or too long continued, may do much harm; nay, even render the mental disease incurable.

During the past year seventy-seven new patients were admitted, and sixteen discharged cured, the deaths reported being thirty-two; thereby showing that recoveries were few, and fatal cases numerous. Amongst the latter, nine were cases of dementia, seven melancholia, and four general paralysis; the rest being mania and other varieties. Viewed with reference to the chief pathological phenomena observed, chest diseases were most numerous, affections of the abdominal viscera followed next, whilst the cerebral and nervous system supplied the fewest fatal illustrations.

Somewhat analogous to the experience observed amongst male patients, in reference to particular causes producing insanity, it may be also said that moral influences were frequently reported, of which anxiety, chagrin, family misfortunes, devotion, and religious exaltation, seemed the most common; whereas the abuse of intoxicating liquors was very rarely observed. On the other hand, affections of the sexual organs, and disordered catamenia, not unfrequently appeared to have been a marked exciting cause of mental disease amongst female inmates.

Similar to the asylum for males, the medical staff at this institution consists of one attending physician, M. Guislain—its presiding genius—one consulting surgeon, and Dr. Vermuelen, the assistant physician; all being non-resident. Besides the “*Sœur Supérieure*” there are also thirty-one Sisters of Charity; of whom one is secretary, another music-mistress, while others are teachers of various departments, and chief superintendents; as also in other capacities, throughout different wards. To these, ten lay-female servants, with seven assistants, must be added; thus making altogether forty-eight actual attendants for 269 patients, or one to every six lunatic inmates.”

Of this same establishment, the writer of the “*Flemish Interiors*” gives the following account:—

“Having obtained an introduction for the other house, which from the nature of its *œuvre* (the care of the insane), is even less shown than this, I proceeded thither at once.

It is an old and picturesque building, and part of it being castellated and constructed on a bridge which crosses the canal, it has the appearance of an ancient fortress. One side rises from a green turf bank on the water's edge, and the old dark russet wall is partly covered with ivy, from which peep out the battlements crowning it. The gate is studded with nails, but scarcely in consequence of the present use of the house, as kind and gentle usage of the mentally afflicted, has here entirely superseded force and restraint.

Nevertheless there are upwards of three hundred *aliénées* in this house, under the supervision of forty Sisters. The patients are of three classes or grades in society. The most numerous is, of course, that of the *indigens*; next in number is that of the *bourgeoisie*, or middle class, who pay a moderate sum, and enjoy the advantage of semi-private apartments; and, lastly, that of persons of family and fortune, who can, if they please, be accommodated with *salons, chambres à couches* and *cabinets de toilette*, as elegant as anything to which they may be accustomed in their own luxurious abodes. Besides these divisions, there are special wards, padded rooms and private gardens for those whose condition render them dangerous and undesirable companions for the rest. The house is very extensive, and we were occupied a long time in merely walking over it. Above the cloister, which as it were lines the quadrangle, is an outer gallery, very prettily trellised and intertwined with creepers, serving both for ornament and security.

There is an *aumônier*, and mass is said daily in the chapel, to which the inmates are allowed access at all times. During the service, however, for fear of interruptions, they occupy a large *tribune* or chamber, divided off with a grating. While we were in the chapel, one of them stole quietly in, and having signed himself with holy water, knelt before the altar. This the Rev. Mother told me was their constant practice, and they never misconducted themselves at any time, while there, generally speaking evincing much devotional feeling.

Of the lower class of patients, those who are sufficiently sane are employed in various ways in the *menage*. A large number were employed in washing in the laundry; but the Rev. Mother told me that they often did much mischief, and required so much watching, that their assistance was of very little service, and the work was only given them as an occupation, being a real trial of patience to all who were concerned with them. Of the second class, about forty were manufacturing lace, and appeared perfectly rational. One of them exhibited her work, and remarked that when her eyesight was better, she had made some much finer than that. This lace is all sold for their own benefit, and the proceeds as the Rev. Mother observed, serve to supply them with such little *douceurs* as the charity can not afford them. In another room some were making clothes for their own wear, while parties of others were amusing themselves with cards or dominoes. Of the upper class, many remain in their own apartments, either from choice, or because they are not fit to leave them; but about half a dozen were seated in an arbour, formed in their own private

garden, which is very tastefully laid out. One or two were engaged in fancy work, two were conversing apparently very rationally, and another was reading. A Sister was with them. The Rev. Mother told me these were all *personnes de considération*. There is a common dining room for these patients, where all who are not confined to their own apartments meet for meals ; unless, as in some cases, they prefer solitude. There is a separate kitchen for this portion of the house, of which the Sisters have the charge, as well as of the others, but are assisted by servants.

I understood the Rev. Mother to say that out of three hundred, for the house is always full, about twenty are cured annually, and about as many die. She told me that they rarely died without a lucid interval; which, of course, is taken advantage of to administer to them the last Sacraments of the Church. Besides their own aumônier, they are visited by the Pères Recollets.* A Nun sits up each night, going the rounds of the wards, and only calling up the Nursery Sisters if necessary. One curious fact she told me, was that of their having noticed the rule of silence observed by the community, and of their having in consequence volunteered, though not apparently in a spirit of penance, to keep a three hours silence daily, and what was more surprising, they had religiously observed it. The Rev. Mother told me that as far as her experience went, need and affliction of various kinds were the ordinary causes of insanity among the lower classes, and among the upper, for the most part, *la lecture des mauvais livres.*"

These two accounts of visits to the same asylums present very interesting contrasts. The travelling psychologist, with his calm record of the facts that met his eye, bears the same relation to the sympathising life-like story of the modern pilgrim, as the page of Hume does to the cotemporary letters and documents of each period. The one gives us an historical induction from his facts, and tells us that these asylums are well conducted and their patients cared for ; while, from the little hints that the other drops by the way, as of the bright sunshine falling on quiet forms in the cloister walks at the Hospice St. Julien, of the noisy mirth and hilarity which the costume of a party of visitors of Sisters of St. Vincent de Paul called forth, of the friendly salutations which all paid to the Mother Superior, we are ourselves led to draw similar conclusions as to the manner in which these institutions are conducted, and to see that, love and kindness are the cords which bind these societies into order. The pleasant reality of the life-like picture, and the story of the day's doings, comes out in the "Flemish Interiors;" the psychologist adds to it the assurance of his practically enlightened judgment, that humanity and science really do hold the sway in the Belgian asylums for the insane.

It may be interesting to subjoin an account of the rules of the two religious order who thus devote themselves to the care of the insane.

* The duties of this order are to visit the sick, to travel about on preaching missions, to visit prisoners, to accompany convicts to the scaffold, and to attend funerals.

1. *Sœurs Hospitalières*.—The writer of the “Flemish Interiors” states that the Sisters at the Hospice St. Julien are Hospitalières of the order of St. Augustine, by whom, indeed, most of the hospitals in Belgium are tended. There is, perhaps, no order so varied and numerous as that of the Hospitallers; and even those who retain the name of *sœurs grises* are not all clothed in uniform, some wearing a habit of light grey, others of black, and others again of dark blue. Those who attend the sick in hospitals are simply called *Hospitalières*.

In the year 1483 statutes were drawn up for their regulation by the provincial vicar and visitor of the order. Their rule obliges them to rise at midnight, to recite matins and the “Little Office of the Blessed Virgin,” and to remain in meditation and prayer until two o’clock, when they return to bed until five o’clock in summer, and six in winter. After their second rising they say prime tierce and text, followed by mass, after which they go to their daily occupations, observing silence until dinner-time. After dinner they return to their work till three o’clock, and then say vespers, occupying themselves with their duties again till supper. When they are sent to visit the sick they always go two together, and may not separate.

2. The Asylum of Ghent is under the care of the *Sœurs de la Charité de Jésus et Marie*.—This order consists of 400 sisters, all in Belgium, where the entire number of their houses is twenty-four. They were founded by M. le Chamoine, Priest, about thirty-five years ago. They wear the habit of St. Bernard, and follow his rule, but to it they add the *œuvres* of St. Vincent de Paul, *i.e.*, the care of the sick and needy. The dress is of white cloth, and being made long behind, is looped up when they are engaged in their active duties; they have a white linen cap and scapular. In the hospital they wear a blue checked apron and sleeves of the same material, from the wrist to the elbow. Silence is one of their rules, and the word is painted in visible characters over the entrances to the cloisters and corridors, the refectory and work-room. Their noviciate lasts a year, after which they remain postulants for six months; when, if they take their vow, it is for life. Notwithstanding their active works and the bodily labour they go through, their rule includes contemplative exercises, and the recital of the Divine office. They rise at half-past three, and go to rest at nine, sleeping on straw. They are allowed meat except on certain

days, over and above the ordinary abstinences of the Church.

Would that we in Protestant England could point, not to four hundred, but even to forty sisters thus engaged for the love of the Lord Jesus, and without any thought of self or gain in the tending on our insane poor.

C. Lockhart Robertson.

FOREIGN PSYCHOLOGICAL LITERATURE.

On the Present Condition and Future Prospects of Idiot Education. By Dr. Ferdinand Kern, Superintendent of the Idiot School at Gohlis, near Leipsig. (From the *Allgemeine Zeitschrift für Psychiatrie.*)

The author is unable to determine to whom belongs the credit of having first attempted the education of idiot children. Saegert, of Berlin, believed that he had demonstrated scientifically the curability of idiocy in 1846. Seguin, of Paris had made known his efforts in the cause about the same period. Guggenbühl opened his institution upon the Abendberg in 1836; but Voisin in Paris had preceded him, and even Voisin was not the first labourer in the field. The Government of Saxony has been the first to found an idiot institution, at the cost of the State. The Government of Wurtemberg has given its support to the institutions of Mariaburg and Winterbach. The Government of the kingdom of Sardinia has proved its lively interest in this question by issuing in 1848 a Royal Commission to inquire into the nature and the causes of cretinism; and it has thus set an example to other Governments.

The author knows of no other Governments which have taken any steps in this matter. He distinguishes between cretinism, idiocy, and imbecility; and he defines imbecility as the psychical condition of weakness which prevents a human being, on account of its influence on his moral life, (innerhalb seiner Lebensphäre,) from thinking and acting like healthy men. The question remains open, whether this condition is a normal psychical development or not. He distinguishes imbecility into acquired and congenital forms. He doubts, however, the actual correctness of the last term, since the condition may take its origin in early infancy, before the mental functions have become active. He thinks that there can be as little question of the congenitality of idiocy, (we shall use the term idiocy, as it undoubtedly corresponds to the word blödsinn,) as of congenital quickness of the intellectual functions, since there can be little doubt that the nature of the intellect is not at birth what we see it after its development; that the cultivated intellect of man is indeed a product of education, and not an original endowment. The possibility of perfect development in his psychical functions is the undoubted right of every child capable of living. But the original, free, and complete, or the arrested psychical development, above all things, depends on the normal or abnormal constitution of the brain and of the nervous system, the cause of which is to be sought for in the finer or coarser organization of the bodily organ. Mistakes in the intellectual and moral education can easily introduce false elements into the psychical formation; but the mind of the new-born

infant cannot commence its existence diseased and arrested—that would contradict its very essence. But if the actual congenitality of idiocy in the sense of a psychical arrest cannot be entertained, the question remains, when and in what manner does the mind become impeded in its development? The answer to this question is in concrete cases extremely difficult, and often impossible; for although the viable child has, from the first moment of its life to its death, been sufficiently active in shewing and developing its double nature, yet with the first breath and cry the commencing psychical development is by no means so clear as the corporeal. In early infancy one child is so like another that it is not easy to perceive a difference, unless there are actual defects or deformities in the bodily organs. We often hear the parents of idiot children declare that at first there was nothing by which they could be distinguished from other children in whom the psychical development has been normal.

No certain scale can be laid down for such children. A child surrounded by monotony, poverty, and misery, in the period of its early growth, cannot receive the due bodily care, nor will those mental impressions necessary to arouse the mental activity be experienced; and it will remain, at least to appearance, for a longer time in such an apathetic condition as can be taken neither for one of mental activity, nor yet for idiocy. On the other hand, the infant placed in advantageous circumstances, in which it has enjoyed reasonable care of its physical condition, in which the thoughtful mother has known how to make those mental impressions so useful to the child, the awaking and formation of the mental functions display themselves at a very early period; in such circumstances, an abnormal development, either in the physical or psychical condition, will be much sooner recognized.

The time of the first dentition is that at which any physical weakness is most frequently recognized. This period of life exercises, indeed, the greatest influence upon the development of the child; affording, in its purely physiological course, the conditions of so many diseased actions. Whenever plastic new formations are taking place in the organism, an hyperæmic condition is present. In the organism of children, the tendency to plastic formation is so rife, that hyperæmia proceeding from it must, to a certain point, be considered as natural. But hyperæmia is readily disturbed by injurious external influences, so that it no longer stands in relation to the physiological and anatomical constitution of the organ implicated, so much as to the economy of the organs in general. During the period of dentition, the whole organism of the child is urged to increased activity, and often into a state of excitement; but of all the organs in the child, the brain is so large, so tender, and so full of blood, that the greatest injury is inflicted upon it. Its anatomical and physiological connexion with the whole organism is so intimate, that either directly or through the influence of the reflex function, it is drawn into sympathy with every abnormal action of the body; and this the more readily in proportion to the intimacy of relation existing between it and the diseased organ. In the period of dentition, besides many other disturbances of health, hyperæmia exists near the brain, and this easily affects and draws into sympathy the brain, so little protected, and exposed through its commencing functions, to violent impressions. We see this in the change of nervous tone which takes place during the period of dentition in nearly all healthy children. If the unfavorable situation of the brain and of its extremely vascular membranes, in a natural course of dentition, is increased by any other adverse circumstances, then hyperæmia proceeds to inflammation, and exudations are the result, of which the greater or less resorption depends upon the energy of the system; this scarcely takes place, in the most fortunate cases, so completely as to leave no tendency to relapse. These events concur with congenital conditions of disease, in accordance with the degrees in which they are present, to occasion not only the disposition to disease of the brain, but scrophulous and rachitic disease, which often shew themselves, even in fetal life. The stamp of feebleness is often more or less impressed upon a child, even at birth. One child is indeed weakly, but psychical indications do not commonly develope at this early period, in consequence of any excitement of the brain dependent upon

the general health, or upon an uncertain exudation. Another child is of full habit, (*vollsaftig*) bearing all the marks of excellent health, but soon disturbances of nutrition (hyperæmic disturbances) in the plastic formations become apparent, in the cerebral system, in the bones, and in the glands.

In the second or third year, the whole appearance demonstrates externally the complete impress of a bodily and mental injury. The skin is flabby and pale, the muscles weak, the subcutaneous tissue devoid of fat, deformities and disproportions declare themselves, not only in the region of the head, but also in the limbs, the head is too large or pushed over to one side or another, angular, sparingly covered with weak hair, or, on account of chronic hyperæmia of the *galia aponeurotica*, with hair bursting forth as if it were, incapable of being smoothed; the sutures of the skull, from swelling of the brain or exudations, are prevented from closing; or the bone forming and firmness-giving mass is removed, at the cost of the remaining part of the osseous system, to the bones of the skull; the sutures are united at an early period, and prevent the contracting brain from developing itself normally.

We moreover observe the long and unnaturally broad expressionless countenance, the forehead full of wrinkles, the dull, often inflamed, squinting eyes, the thick projecting cartilaginous ears, often affected with offensive discharges, the thick open lips, which cannot cover the long irregularly formed teeth, the hollow bones, which are absolutely long although they are bent, and the extremities of which, are swollen at the joints, the enlarged glands, the stomach enlarged by infiltration of the mesenteric glands, or by intestinal gases.

The child gets no refreshing sleep; it either lies continually in a doze, or cries aloud; active diarrhoea alternates with long-continued constipation; incipient convulsions of the whole body increase to actual spasm; unable to bear the smallest weight, the child makes no effort to exercise itself like its more fortunate companions. External appearances leave no traces upon the excitability of its cerebral organs. No joyous rays glance from its sad eyes; no laughter animates its suffering countenance; it makes no attempts at articulation, or only very incomplete ones, which correspond with its rudimentary psychical state. If we connect all these things, we have the picture of complete scrophulosis and rachitis, which, in all conditions of life, tends to increase. The development of scrophulosis and rachitis, depends in its highest form and intensity, upon the original disposition to the disease, and upon circumstances favouring its development. Scrophulous and rachitic children, who are fortunate enough to enjoy a rational and devoted treatment and care, get the better of their diseased conditions, although they may have inherited the tendency to them for several generations; but where the child has been born in poverty and surrounded by wretchedness and ignorance, the malady luxuriates; and bodily and mental abnormalities are called into existence in cases in which, under more favorable circumstances, they would have lain dormant, or shewn only their milder symptoms. We cannot wonder that when children are exposed to the uninterrupted impression of injurious climatic telluric and social influences, from one generation to another, that their tendency to disease should develop itself in the highest degree, and in particular families, gnaw like a worm, at the marrow of life, and even induce the physical and psychical ruin of whole districts.

I have been particular to state the appearances of scrophulosis and rachitis; the causes of their development and their results in bodily and mental deficiency, inasmuch as they afford the picture of cretinism, which is no other than *an epidemic form of scrophulosis and rachitis occasioned by influences particularly favourable to it*; the epidemic character alone distinguishing it from the malady as it commonly appears, so that cretinism has been classified as "*Cretinismus sporadicus seu campestris and Cretinismus endemicus seu alpinus.*" The fundamental connexion of these forms of disease is recognised from their nature and from their common origin. Moreover, it is found that where cretinism is endemic scrophulosis and rachitis are observed in all degrees, from their mildest forms even to that which is recognised as cretinism, and the causes

which are influential in the production of one malady are those by which the other is specially produced ; indeed, Dr. Rösch asserts that where cretins are numerous, scrophulosis and rachitis in their mildest forms have first displayed themselves, and in particular individuals have intensified into complete cretinism. The identity of cretinism and scrophulosis has not been generally recognised, although, in addition to the above reasons for its recognition, the same methods of cure and prophylaxis are valuable in both forms of malady, viz., crossing the breed, healthy localities for residence, light, fresh air, good nourishment, intelligently directed medical care, &c. At the present time, Dr. Guggenbühl particularly insists upon distinguishing cretinism as distinct from scrophulous and rachitic degeneration, as well as from other forms of idiocy.

The grounds upon which Guggenbühl supports this distinction are that, in spite of his many journeys, he has not recognised in forms of idiocy as they are elsewhere known, the peculiar character of alpine cretinism which finds its representation in Germany, where scrophulosis and rachitis have become endemic. Moreover, the higher forms of the malady have a peculiar stamp impressed upon them by local circumstances, as in parts of the Ertz and the Hartz Mountains, in the valleys of the Rhone, the Saone, and the Werra; but the cretin of Switzerland makes altogether a different impression to that found in Salzburg and Steyermark.

In contra-distinction to so-called congenital idiocy, cretinism is very rarely congenital. The child has often been fine and healthy at birth: yet this matters not; for if defects and deformities are not observable little is to be said of newborn infants. But if a child is not allowed to see the light for many days or weeks, or is not taken out of its filth for twenty-four hours, as is the case in most of the districts affected with cretinism, even the altogether healthy child scarcely obtains the free use of its faculties in its third and fourth year. Dr. Guggenbühl, moreover, makes this distinction between idiocy and cretinism, that the cretin awakened out of his brainslumber, immediately apprehends all the designs of God, even before he is able to conceive a mental object, for instance, that of his dinner. This kind of assertions may be properly expressed to sensitive ladies, but such puerilities are not convertible to the uses of science.

[In support of the censure implied in this sentence, the author quotes the following passage from Dr. Guggenbühl's "Abendburg Letters," page 61: "One day, as the setting sun splendidly gilded the evening sky, this magnificent pageant attracted with its powerful might the marked attention of all the infants in the institution. Joy, astonishment, wonder, and ecstasy, seized upon all the children; and even a boy who up to this time had been shy, unsocial, inaccessible to feelings of joy or sorrow, desire and pain, and who had been *dumb*, suddenly cried out, *The sun, the sun!* The mental ice-rind was now broken; the boy from this time held intercourse by means of speech with those around him, although his power of conception was yet so contracted that he was unable to distinguish parts of the most familiar things, for instance, the fingers of the hand."]

From what has been said above, it might be assumed that endemic cretinism is not to be distinguished from idiocy caused from scrophulous and rachitic processes, except by its endemic course. But scrophulosis and rachitis are by no means the only causes of idiocy occurring at an early period. Any other injury, as pressure upon the head in natural but very prolonged parturition, malpraxis in the so-called professional help, diseases and irritations of the peripheral nerves, decided diseases, as thymic asthma, asthmatic cough, &c., can, up to the sixth or seventh year, alter the integrity of the physical development of the brain, and call forth, to a greater or less extent, disorders in its psychical development ; so that, as the causes of brain disease and the degrees of mental arrest are endless, an unbroken chain is formed between the perfect state of the mind of man, even down to the beings who scarcely bear, in their psychical powers or their bodily form, the appearance of belonging to the human race ; so that it is clearly impossible to bring into a general category all the individual forms and modifications. On this account, all attempts to

practically classify idiots are useless; for neither their somatic nor psychical manifestations are sufficient for the purpose. An idiot who can neither walk nor stand often shews a high degree of psychical activity, in proportion to his bodily weakness, and idiots with strong and well-built frames may in some cases possess mental activity, and in others be as completely debased. Moreover, the compass of speech which has been obtained, and which has been made use of as a ground of classification, affords no criterion of the amount of judgment and mental power; for cases are not uncommon for idiots with perfect organs of speech, with quick sense of hearing, and with no signs of paralysis, who "*are dumb*," although by their actions and endeavours, by a choice of means to attain their ends, it is apparent that they have far more intelligence than others who have acquired a certain compass of words. The value of the compass of words must be estimated by their actual meaning in representing ideas, for the speech of idiots is often only a proof of their idiocy. How often do we recognise their talk as taught only, being to them a meaningless form!

It is preposterous to compare the psychical condition of idiots with the mental capacity of healthy, but younger children; for instance, to say that an idiot, N., of fifteen years of age, is psychically equal to O., of normal mental power, being three years old. For if it can rightly be said that the child rightly comprehends his own world in the first six years of his life, and that he employs all the after-time only to complete and widen his comprehension, it is clearly impossible that an idiot, even under the most favourable circumstances, can compete even with a healthy child of two or three years. It must be acknowledged that no idiot can yet be said to have been educated; that is to say, to have had his mental powers so far developed that he has become capable of independent improvement; yet certain degrees of idiocy may be recognised from the weakness of intellect standing on the borders of the normal state, to the mental imbecility and the deficiencies which form complete idiocy. But if weakness of mind and imbecility have been referred (certainly not in many respects to the advantage of the afflicted individual,) to the intermediate steps between idiocy and normal psychical conditions, idiocy becomes more decidedly to be regarded in its psychical relations as a particular form of mental arrest, and the possibility of physical development becomes denied to it. Along with the physical weakness proceeding even to abolition of power in cretins, a well organised body has been attributed to other idiots, an opinion which is on the whole well founded (with the exception that the head is generally small,) in all cases in which the idiocy has proceeded from acute brain diseases, or in consequence of *congenital or very early changes in the skull sutures*, causing poverty of the brain. This last condition not unfrequently is followed by weakness of mind in its lighter degrees; and, according to the experience of the author, in such cases well directed efforts at improvement may lead to the best results.

In other individuals suffering from the deepest degree of idiocy, no abnormality of external form, or of proportion, or of internal anatomical construction of the brain can be observed; and where we expect to find important cerebral functions we are unable to ascertain any diseased condition, either by anatomical or microscopic investigation. If we examine collectively all the somatic and psychical symptoms which we recognise as indicative of idiocy, we must acknowledge that they are insufficient to found a conclusive opinion upon, of the true nature of the complaint, since neither in cretinism nor in so-called congenital idiocy, nor in imbecility, are there any sufficiently distinctive symptoms. The only pathognomonic symptom is weakness of mind, the degree of which actual somatic causes may nearly determine, but which we must ascertain through systematic and prolonged inquiries.

In proceeding to consider the Institutions for the cure and education of idiots and their efficacy, we meet with the names of three men whose exertions in this cause have been long before the public, men whose great services cannot be denied, since they have awakened towards the unfortunate idiot the active sympathy of his fellow men, and have demonstrated that the supposition of his unimproveability is but a prejudice. They are, Monsieur Séguin, in Paris; Dr. Guggenbühl, upon the Abendberg; and Herr Säcger, Director of the Royal

Deaf and Dumb Institution at Berlin. The fundamental opinions of these persons are easily distinguished. Dr. Guggeubühl holds cretinism to be a distinct form of disease. The conviction that children affected to a greater or less extent with cretinism might be developed normally, if they were removed from the Swiss valleys to the mountains, has caused him to establish his cretin-house on the Abendberg. He distinguishes cretinism from congenital and early idiocy, considering the latter, especially, in its developed form as incurable. Séguin hopes, even in idiots, to produce the most happy results, since it is not impossible even to teach fleas (the industrious fleas.) Sægert maintains that idiocy is a condition, not a disease, in consequence of the mind being retained in a lower grade of development by an arrested growth of the brain. He enters, therefore, upon his task where nature has stood still, and promotes the normal development of the brain by intellectual or pedagogic means.

Leaving M. Séguin at Paris, and descending from the platform, I shall briefly notice the different Idiot Institutions in Germany, commencing with that of Sægert, for two reasons, because he was the first to recognize the true nature of idiocy, and because I first received instruction in the Berlin Institution. In the years 1835-36, and 1839 and 1846, I had a considerable number of deaf and dumb children in my Institution at Eisenach. In the last-named year, Sægert's treatise on "The Cure of Idiocy by Intellectual Means," came into my hands. I immediately reckoned upon obtaining excellent results with my own little ones; not, indeed, cure for them, for to that extent I could not go. On this account I went to Berlin, and found an Idiot Institution placed under the most favorable circumstances, actually in existence. In this Institution there were eighteen children, some of whom could read and write (according to the statements in Sægert's treatise,) if one may call the copying of sentences written before "to write," and the connection of individual letters "to read." Others were exercised in articulation, and in the written signs of learnt speech. Of educational endeavours, I saw nothing different from those generally adopted in Deaf and Dumb Institutions or in good elementary schools. After I had repeatedly examined Sægert's Institution, without having been able to learn more of the domestic life of the children, of their control, dietetic care, and so forth, I left Berlin with the resolution to satisfy the postulates upon which Sægert makes a successful prosecution of idiot education to depend. Sægert says, page 133, "The cure of idiocy by intellectual means, especially demands that the Institution should be placed under a qualified physician, who is deeply impressed with the nature of nervous diseases. The director must, at least, have a knowledge of the anatomy of the brain and nervous system, of physiology and general pathology, if he is not willing to become a fortunate routinier in education, but wishes that his efforts should be scientifically useful."

I carried the resolution thus formed into action; and in 1847 became a medical student, and during the period of my studentship it first became clear to me why Sægert's efforts have generally, and particularly amongst the most eminent physicians, called forth such unusually high expectations.

A boy apparently deaf and dumb, but giving indications of capacity, was brought to Sægert, who found subsequently that he was an idiot. Sægert held it to be a Christian duty to attempt his education. His attempts were unsuccessful. Sægert then endeavoured to obtain some light upon the nature of idiocy. He interrogated philosophers and physicians, and when at last he had come to the conclusion that idiocy was not a disease, but a condition of the mind, occasioned by an arrested development of the brain, it was not difficult to take advantage of physiological facts, and to establish the theory of its curability. He made use of all possible assistance derivable from scientific sources, in the establishment of the theory, and the curability of idiocy by intellectual means, came to be spoken of as a scientific novelty and to be believed in, when Sægert, in the second part of his work, was able to demonstrate the correctness of his theory by the record of twenty cases. But from that time no statements have been given to the public respecting the scientific discovery as to the point or mark towards full development to which the children attain.

Guggenbühl has pursued another path. He saw a begging cretin lying before a cross; the sight determined him to become the rescuer of these unfortunates. He applied himself actively to the task, and made the cry of rescue resound through the whole civilized world. Equally active among his children and at the desk, he has yet scarcely thrown any new light upon the nature of cretinism, or upon the means adapted to its cure. His great merit has been his practical devotion to his work of benevolence; and it is this which has won for him the general recognition and sympathy of his age, to which his writings on the Abendburg, translated into all the languages of the world, bear witness.

Among those persons who have shewn themselves particularly active in this matter was Dr. W. Twining, a respectable English physician. Having visited Interlachen, and hearing no good account of Dr. Guggenbühl, he went his way; but he had scarcely left the Abendburg, when it so happened, as Dr. Guggenbühl himself informed us, that Dr. Twining lost himself in a thick fog, which he considered a punishment from God for having neglected to visit the children. He turned back, visited Guggenbühl, and remained to his death, in 1844, the most active friend and indefatigable panegyrist of Dr. Guggenbühl and his efforts. The diplomas which, alternating with plates from Dr. Boeck's Anatomical Atlas, are hung upon the walls in Dr. Guggenbühl's reception-room, testify to the fact that he has received recognitions from scientific bodies as the founder and director of the first Cretin Institution. In my inaugural dissertation "*de fat, &c.*" I have stated that on many points I could not accord full belief to Dr. Guggenbühl, yet I continued to desire to see him in his actual sphere of work. On the 30th of August, 1853, I arrived at Abendburg, and was introduced into the strangers' room. After the lapse of hour, I was informed that Dr. Guggenbühl was ill. In the first story, after a long delay, I found the children collected into a hall which served as a room for residence and instruction. In this there was an organ, externally ornamented, like a Chinese drum, many orthopedic apparatuses, a so-called running machine (*go-cart*), and all kinds of pictures. The children played cheerfully. I soon had two of them by the hand, whom I presented to the directress with the words, "are these the pike in the carp pond?" I wished to say, are these the elements which set the mass in movement? The lady replied "These boys were much diseased—they have given us great trouble;" which appeared to me so doubtful, that I could scarcely conceal my indignation; for I held the children to be healthy in body and mind. I then endeavoured to converse with other children; but if I spoke in German, the lady directress told me they were French; if I spoke French, she told me they were English; and when I at length had a little German maiden before me, it was that "she never answered the questions of strangers." A boy showed me a task book, which contained copies in German and French; in this a conversation between the boys and the good sister Rosa, upon the use and abuse of spectacles, astonished me. I then began to talk to a boy who had come into the Institution altogether dumb, but I soon remarked, to my astonishment, that he did not know what day of the month it was, nor even what month it was, nor his own age, nor his birth-day. This child from the Thuner See, scarcely affected with complete serophulous habit, yet offered other remarkable circumstances in his development, afterwards referred to. As to the children in general, I found the forms of their malady differing in no respect from that which we observe in Germany. They were more or less backward from brain affections and the higher and lower grades of idiocy dependent upon rachitis and serophula. Two nurselings showed a higher degree of bodily distortion, a little maid from Germany, and another from Scotland. It being nearly noon, I left the Institution, and ascended higher on the Abendburg, where I sought out a small plateau, in the expectation that, on account of the beautiful weather, the children would enjoy a cheerful play at large, especially as it was Sunday; but I waited in vain; I only saw one boy, who, early in the morning, had been left in a room for gymnastics, where he threw himself upon a central post, which he encircled with his right arm, and continually jumped around, like mad. Henceforth it became to me quite clear how people with sound

hearts and under the influence of impressions made by the accounts which have been sent from the Abendburg into the world, should entertain expectations and hopes which no man is in a condition to fulfil. From the glorious scenes of nature, the works of God testifying to His wisdom, power, and goodness, one enters this circle of unfortunate children. Here in a narrow room is seen the greatest of human infirmities—contracted souls! The contrast is indeed great, and necessarily causes the deepest thankfulness towards the man who has made the rescue of these unfortunates the task of his life.

If the Sunday was a true holiday of nature, Monday was very different; a thick mist enveloped the Abendberg. I came forth shivering with frost, and I found the children, also, blue and stiff with the cold. This time I was introduced to Dr. Guggenbühl, and saw the instruction. About twenty children were taught by two female teachers; the one taught geography, the other religion. The teacher of geography, with earnest mien before a map in relieve, pointed here and there with a wand; What is that? That is Ireland. What do they call this town? That is London, that is Dublin, and so forth. The second teacher had the religious instruction; that is, she had pictures before her which represented religious events. These she recounted and explained, and added Biblical passages.

When I had expressed my thoughts upon the method of instruction pursued, and had, among other things, inquired whether Dr. Guggenbühl really believed, as he had stated in his writings, that the cretins had a more lively feeling of religion than others, and that the knowledge of God was often awakened in them suddenly, I also inquired of the above-mentioned boy from Thuner See, who at one time at the setting of the sun arrived at the light of the consciousness of God, and although he had been "before that time completely dumb," called out, "*die sonne! die sonne!*" I represented to Dr. G., that with this sudden wakening of the consciousness of God articulate speech could not have been given, contemporaneously with the awakened consciousness, and I learnt that Dr. G. had only wished to communicate, "that from then the child began, like every other child in whom the mental activity had been awakened, again and again to appropriate to himself with flowing ideas the articulate signs," which indeed makes a great change from the quoted poetical meaning of the foregoing. In like manner, it may not be meant when Dr. G. speaks, in his work entitled, "Upon the Cure of Cretinism, 1853," that the boy there spoken of, who neither knew the day of the week or the month, or his birthday or his age, after the painstaking examination of Dr. Naville, was held to be capable of entering a training school for teachers, in order to qualify himself as a teacher. Had I not formed a better opinion of the school institutions of Switzerland, I should, for the sake of the country, regret such expressions. Let us not, however, understand them too rigorously, since they are *only for the laity*, and as such we must consider them; but it is otherwise in the following cases. As I have already mentioned, at my first visit to the Abendberg, I placed before the directress two boys whom I considered to be healthy children, but of whom the lady said, that their malady had been serious, and that they had given much trouble. When I now spoke to Dr. G. himself, who, pointing to one of these children, said, "I have also healthy children here," adding that this child had once been idiotic in a high degree. I begged him especially to inform me in what manner one could form an opinion upon this former existence of idiocy, since I was only able to recognise complete health, soundness of body and mind. Dr. G. replied that the children had stood on the borders of idiocy. I could not even consent to this; so Dr. G. said that the children were morally spoiled, and it was his purpose to have all degrees of development in his institution.

We may now leave the Abendberg, to inquire into the efforts at idiot instruction which have been made at other places, where, alas, we are equally ignorant of any real progress in instruction, where no deception has prevailed. If Seguin hoped for fortunate results in the culture of idiots because fleas might be taught to exercise; if Saegert felt himself impelled to his efforts, because he in the meanwhile had seen Faber's speaking machine of caoutchouc; it appears that these expressions have been an actual curse to the poor idiots whom men have

striven to teach to speak, or to use what speech they had; so that unintelligible laws and speech-forms of thought might be impressed upon them, and the cure of idiocy be announced.

There are three institutions which owe their origin to the example set on the Abendberg; that at Bendorf, under Dr. Erlenmayer; that at Mariaburg, under Dr. Zimmer; and that at Winterbach, under Dr. Müller; to which must be added an institution little known in Bavaria, under Dr. Medicus.

Dr. Erlenmayer's is an appendage to his lunatic asylum. At my visit there were fifteen children who received instruction from one teacher; some who were considered incapable of instruction were exempted. These children were placed under a dame, who, being childless herself, attends to her little charge with affectionate care. The teacher was a diligent young man; and here also the children were instructed partly by pictures, and partly by writing and learning by heart, but the principal employment was upon sentences.

I inquired of Dr. Erlenmayer, whether the teacher could see how little able his scholars would be to reproduce, without his aid, the elegant sentences and modes of speech employed, for, after that the children had spoken and written down the sentences, as, "the ball is not angular but round," they would not be able to complete the same if I wrote, "the ball is not a — but —." or "the ball is — angular — round," and so forth.

The numerous and complete publications of Dr. Erlenmayer make it useless for me to dilate further, especially as they afford proof how little of a pedagogue Dr. Erlenmayer is. The hard lot of these unfortunate children becomes hopeful from his unwearied efforts to supply their deficiencies.

The institution at Winterbach contains sixty children, ten of whom are deaf and dumb. There are six teachers.

The institution at Mariaburg contains about the same number, all of whom are idiot children.

Winterbach stands in a beautiful wide, open valley. Mariaburg, which was once a convent, lies upon the Suabian Alps; the inclement and isolated position of which might be very well adapted for the former purpose of the place. I have been fortunate enough to see the inner life of both these institutions, and the manner in which the well-being of these poor children is actually sought after. Zealous instruction, cleanliness, and bodily care, are provided, as far as the limited means of the institutions permit; but here, again, one finds close confinement, mechanical speech, reading, writing, and learning by heart, without understanding, from parts of the Bible and Psalms, which, for any influence upon the religious and moral life, is to these children barren and useless. This is particularly the case at Winterbach, and the results are as follow: As I went round this institution, under the friendly guidance of Dr. Zeller, the principal teacher placed before us the little pupils of the first class, and he opened the Bible, and spoke as follows on a point of Jewish history. *Teacher*: When the children of Israel came out of Egypt where were they led? Through the Wil—. *Children*: Wilderness. *Teacher*: Right! The children of Israel led through the Wilderness. What did the children of Israel find in the Wilderness? They found — now? *Children*: Hunger. *Teacher*: Right! The children of Israel found, &c.

After some time I visited the institution a second time, with Dr. Foster, the second physician to the Marsburg Asylum. The principal teacher was absent, but the second teacher assured us that he entered fully into the method of the former, and he would attempt a short examination. He opened the Bible, and said, "Children, I have here something taken from the history of the Jewish nation, which you are well able to recount to me. Tell me, when the children of Israel went out of Egypt where were they led? Through the W—. *Children*: Wilderness. *Teacher*: Right! The children of Israel," and so forth. After the teacher had put his single question, I begged him to choose something in nature, as the subject of his examination, since I had by accident already heard this point of Jewish history in my first visit; but this excited the whole college of teachers, and the medical practitioner, Müller, came to the point like a man, and said, "With us all instruction is founded upon the Bible." "Good,"

rejoined I, "if that is the case, pray take the history of the creation; that will afford you material with which to grant my request." This was attempted, but the children had *quite forgotten*.

I am not personally acquainted with the Institution for Cretins at Ecksburg; and respecting the Idiot Institution in the neighbourhood of London, in the direction of which Dr. Guggenbuhl is concerned, and also the two Institutions in Massachusetts, the results have not yet been sufficiently communicated. Moreover, I am desirous to recount only that which I have myself seen. Returning to the Institutions before-mentioned, with the exception of Ubertersburg, they have all, according to their own showing, undertaken "the cure of idiocy," partly by intellectual, *i.e.*, pedagogic, partly by medical, means. The idea of *cure*, even in medicine, is of the most uncertain kind. Since one even speaks of cure, when the stump of an amputated limb is completely healed; and the cure of consumption, when no physician entertains any doubt that there is merely an arrest in the diseased processes, and not a return to the normal condition. So in the case of idiocy, the cure of these spoilt and contracted minds cannot be entertained; for the condition of idiocy is the normal one, and admits of no middle state. Moreover, in speaking of its cure, one must admit the capability of the idiot to be taught to think and act like other men; which, according to my experience of twenty years, is impossible where confirmed and congenital idiocy has occurred in early childhood, from disease of the brain and nervous system. In truth, notwithstanding all that has been said about the cure of idiocy, not one single trustworthy case of it can yet be found. For the cures by intellectual means, which have been recounted by Professor Saegert in the second part of his work, are as incomplete as the results of the talliacotian operation would be if recorded immediately after the operation in these cases. The utmost that can be said is that the children "find themselves in fuller development;" and if we at the present time enquire respecting the children of whom Saegert, in 1845, was enabled thus to speak, the case of one single actual cure cannot be established, as I have since had the opportunity of remarking on many of the then named children.

The accounts of cases of the cure of cretin degeneration are not trustworthy. If, for instance, as Dr. Guggenbuhl says, Albert Von Bolstead, Dr. Odin, and Zschokker must be considered to have been idiots when they were children, the early psychical and physical conditions of these men were, without question, falsely perceived; and if a case of complete idiocy produced in eighteen months, by the abuse of a pound and half of jodkali, has been cured by Dr. Erlenmeyer, it must be admitted that the mental activity in this case was consecutive upon other consecutive injuries, and not idiocy in the strict sense of the term. Müller, also of Winterbach, appears not to have the greatest faith in his means of cure, for he says in his programme, "What can we do better than from the beginning commend our children to the grace of our Lord and Saviour?" which I think ought not to be done only in cretin-cure institutions.

On the Future Prospects of Idiot Education.

Little as, in my opinion, have the expectations which were excited of the cure of idiocy, been hitherto realized, the early assertions yet retain so much of their full validity, that immense good may be effected if excessive hopes be not excited, if the institutions for the cure of idiocy would change their title, into institutions for the bringing up, the culture, and the care of idiots, and thus abandon a title which promises to the public that which science declares to be impossible. But if the cure of idiocy which is occasioned by abnormalities in the brain and nervous system is impossible, we may enquire, first, whether in reality all persons who appear to be more or less idiotic, suffer from disease of the brain and nervous system; second, supposing this to be the case, whether the degree of idiocy is always in proportion to the existing abnormality; and thirdly, whether the condition of psychical contraction may not be improved or become still worse. Upon the answer to these questions depends the prospects and the tasks of idiot instruction, and

also the methods leading to the best results. First, The progress of psychical development is not alone to be estimated by the gross relations furnished by the size, weight, and convolutions of the brain; or by the microscope or chemical analysis; but it is founded on the finer or grosser construction of the whole organism. The child partakes of the corporeal organization of its parents; and upon this a greater or less congenital psychical aptitude may depend. But the general development may owe its character to other relations, especially to educational ones. At the present time, the bringing up of children is, unfortunately, no longer what it was in years gone by, namely, the work of the family. The parents have neglected, more and more, the personal culture and nurture of their children, on account of want of time, occasioned by the pressure of business, and for other less valid reasons. Hence it is no wonder if so many grow up without proper bodily or mental care, and bear for life the stamp of a contracted organism and intellect. If we look in the childrens' world, we may observe the conditions of healthy life broken, and all the bodily functions in a state of great lassitude and sluggishness, without the actual development of a diseased condition. A child late in learning to run, in comparison with other children, yet later in learning to speak, without liveliness or activity, when brought to school, will for a long time be considered stunted, stupid, and even idiotic, until its mental activity is once aroused, when it may far surpass its companions in age. Phenomena of this kind are not very uncommon; and the school (which is naturally little visited by the physician,) gives sufficient opportunity for observation; and in the majority of cases, under the ordinary vital conditions, the physical development takes a happy turn; but it must always remain difficult to understand the original condition and the change itself. They may easily be hypothetically stated in psychological or in medical points of view; but whether such hypotheses will stand the test is uncertain. Now we are of opinion that such a child placed in unfavorable circumstances, brought up in poverty and wretchedness must be deprived of all suitable incitements. The lethargic condition becomes more and more prolonged, so that the character of idiocy becomes so stamped that the ordinary means of education will no longer suffice to rescue such a being from psychical inactivity.

Opposed to this condition is another, which testifies to an abnormal excitability of the brain and nervous system. As already observed, the formative processes of the brain are most active up to the sixth or seventh year; and during the continuance of these processes, its organization can most easily be disturbed. Moreover, the organ is exposed to every excitement through the open mind, and may become over-excited in its harmonious development, or through intentional operations upon the mental organ. Such unnatural over excitement leads to debility, as we see in so-called wonderful children, whose diseased condition is not unfrequently increased by their being taught things beyond their comprehension.

Moreover, we meet with children who inherit a general debility of organism. If such children are placed in fortunate circumstances they may grow up well, under intelligent and particular care; but other children of the same kind trail their existence along in poverty and misery, crushed in body and soul.

Upon the obvious pathological conditions upon which idiocy depends.

1st. We observe the diseases which affect the size of the brain, as microcephalic and macrocephalic changes of the cranium. These conditions may be dependent upon other diseased processes, and need not exclude the peculiar influences of psychical development. These are often the results of the scrophulous rachitic dyscrasia. Other symptoms occur when the brain has suffered qualitative injury; but we must acknowledge that we know very little of the intimate final organisation of the brain, upon which the possibility and the degree of psychical deterioration is dependent. At present it is impossible in many cases of pathological processes in the brain, to indicate where the psychical life has suffered arrest. Numerous conditions are able to injure the integrity of the brain, as the different degrees of internal hydrocephalus, and also the different kinds of exudates. Only the simple exudates are capable

of resorption, and even these occasion a lasting paralytic condition of the neighbouring part of the brain; so that it does not recover its functional capacity after the resorption of the exudates, but continues in a torpid condition. Exudates, on the contrary, which are not reabsorbed, draw the neighbouring organs into their processes, or by injuring the cerebral functions, they prevent them from coming to development. In the second place are to be considered the diseases of the external organs of sense, which, by their long delay in the condition of the first period of life, are well calculated to evoke idiocy, especially if they are connected with other abnormalities. These organs are the means whereby the parts of the brain appropriated to the mental functions are excited to action. When these are defective the psychical development will also be the same, as we see among the blind and the deaf; even the bodily organs themselves, in consequence of their inactivity, are retarded in their development; as, on the other hand, the exercise of a sense tends to a fuller development of the related nerves. Cases are not unfrequent in which scrophulous children suffer, from the first days of existence for years, from ophthalmia and otitis, and in which all the impressions received from the external world must be painful. In such cases we may expect a contracted psychical development, without thinking that abnormal irritation has occurred in the brain.

In the third place, there are various diseased conditions proceeding from the nervous periphery, and establishing their influence on the brain, whose number is so great, and whose appearances are so various, that I must omit to particularise them. These conditions are so different in their degree and course that in most chronic cases it will be difficult to form a diagnosis on purely physical grounds, and to estimate their true influence in the prevention of the psychical development. This, however, is certain, that in early childhood the smallest cerebral disturbances are able to prevent the psychical development, while the psychical functions may remain for a time undisturbed, notwithstanding extensive pathological processes, when once a certain degree of formation has been attained. It is on this account that the existing degree of idiocy is not always a measure of the organic mischief.

Daily experience teaches that a happy state of mind exalts and promotes the free action of the bodily functions; and that a sluggish frame of mind subdues them. We speak correctly of sad eyes, of intellectual features. The state of the mind stamps its expression upon the external organs, which it improves and subdues to its service. Upon these grounds, we even hold it to be proved that certain classes of prevailing emotions, instincts, and passions, can be diagnosed from the expression of the face; *a fortiori*, therefore must we suppose that, in the brain itself, a marked and enduring conformation takes place in relation to the mental activity; so in sympathy with deficient psychical activity, or complete inactivity, the healthy organs of the mind may degenerate. In fact, we meet with idiots who have formerly been in a better condition, not because their idiocy has progressed on account of advancing age, but because an actual backward step has been taken, which will occur in all cases in which no peculiar care has been taken of the child. From our answers to the above questions it is clear that much good may be effected by institutions for the bringing up, the culture, and the cure of idiots.

The Task of the Institution.

This can only be to promote the bodily and mental formation of idiots until they may be able to strive in school, or in the ordinary relations of life, like healthy children. But if this mark cannot be reached, they must be kept in the institution until the degree of culture of which they are capable has been impressed upon their organisation, and they become protected from sinking lower. The question as to the mark which ought to be arrived at in individual cases can only be answered by results. Actually no opinion can be formed beforehand. The small amount of information which practical works on the subject afford is much in need of verification. The objects of the institution are to be attained, first, by appropriate fostering care and nursing; second, by education; third, by instruction. The fostering care aims at exalting and regulating the bodily functions; at removing disorders, and strengthening the whole organism.

The diet must be regulated systematically, even where no special medical interference is indicated. In ordinary cases the nutrition is degraded, the secretions are out of order, diarrhœa alternates with constipation, brought on not by any disorder of the abdominal viscera, but by voracious bolting of the food, and by retention of the fœces, from want of attention. The rectum and the bladder only become evacuated when the sphincters can no longer withstand the pressure upon them, when they act at improper times and places. When actual bodily disorders shew themselves, appropriate medical treatment must intervene, if the evil does not give way to the efforts of nature, which is frequently the case.

As to pharmaceutical remedies, those which are actually chemical act upon idiots as upon the healthy; but with the treatment called expective it is otherwise. To these duties must be added the bringing up in habits of cleanliness, propriety, and order, and gymnastics so far as they awaken the activity of the senses necessary to attention, are a means of psychical bringing up. It is no light task to impress habits of cleanliness and of order in the regulation of natural wants, but this is greatly advanced by constant supervision by day and by night. The causes of the frequent wetting of beds are sometimes relaxation of the walls of the bladder, founded upon the too-long retention of urine, on which account the emptying only ensues suddenly, and at uncertain places. Sometimes the walls of the bladder are too little distended, since in infants this organ is emptied very frequently. In both cases, the only way to remove the evil is to occasion the contents to be retained for a certain time. Mechanical means, hard, cold, inconvenient beds, are of no use, but the contrary. Injuries to the parts, caused by cuts or by long uncleanness, worms, and so forth, increase the number.

When onanism is observed in idiots, it is generally founded on the causes which occasion the wet beds, but more frequently it is the long lying in bed awake which causes an impulse to employ the hands, as other ill behaved children pull their ears or their lips. Supervision and discipline, and bringing up in correct habits, lead, I will not say to a cure, but to a forgetfulness of this indecency.

Food, clothing, baths, gymnastic exercises, promenades, particular personal exercises, the duration of sleep, &c., must be adapted to the special requirements of the children, and directed by judicious knowledge.

The education has reference to a later period, and to the culture of the senses and the intellect. The choice of means depends upon the peculiarities of the child, which must be sought out with earnestness.

Instruction is forwarded by bodily care, gymnastics, by the exercise of the several organs of the senses; and can have no other object than to exalt the mental development of the child.

The materials of instruction must be obvious, perceptible by the senses, and taken from the common objects surrounding the child. Reading and writing are of equal importance with simple gymnastic exercises. They possess a value where words and sentences have a meaning. It is impossible to educate the children by means of pictures. They obtain no clear ideas of the things represented, since they have not even endeavoured to depict sensible objects by means of lines. Models are better than pictures, but to wish to exercise the children on abstract things would be to stifle their awakening power of thought, and to seek an intellectual life in an empty mechanism. If the children are able to express themselves intelligently upon the form, colour, material, use, and composition of the things surrounding them, and also as to their relations to each other and to man, then will they also be able to fix their attention upon Him through whom all things exist. But how, without an idea of the existence of an actual, material table, consciousness of the existence of God is to be arrived at let others explain.

Results of Idiot Training.

By means of a psychological, pedagogic, and peculiar dietetic treatment children may attain the full integrity of their psychical functions in cases where idiocy has shewn itself, First, where in consequence of inactivity of the vital

functions, through corporeal disorders, through disorders of the brain and the nervous system, which have run their course without obvious material changes, or the exudates of which have been reabsorbed, through paralysis of the nervous periphery, through diseases, and consequent weaknesses of the organs of sense, or through any exhausting bodily disorders; or Second, where idiocy has been caused by gross neglect of psychical and physical care; or Third, where idiocy has been caused by actual poverty of the brain, it can be removed, to a certain degree, by training and instruction, for the brain-mass, as it exists, can only be stimulated to psychical activity by judicious means.

Medicinal treatment must, wherever it possibly can, be employed to resist chronic ailments dependent upon syphilitic, scrophulous, or rachitic dyscrasia, abdominal diseases and worms, disorders of the nervous periphery, reflecting themselves upon the brain, and drawing it into sympathy, &c. And when it has succeeded, the mind begins to assume its more or less normal activity. But where chronic diseases of the brain itself have caused idiocy, both medicinal and pedagogic treatment will aim at the same mark, namely, to improve the vital functions, to regulate and assist the curative powers of nature, to excite the accessible parts of the brain, and to stimulate all the organs, aims which often have the best results. But it is impossible to demonstrate that idiocy, from the degeneration of the brain and its membranes, can be cured. The task can only go to the improving the condition, which is so much the more possible, since the degree of idiocy is not unfrequently disproportionate to the existing cerebral injuries; and great success is certainly obtained if, by judicious care, the patient can be rescued from further degradation. Many of these unfortunate children, if not to be cured, may yet be so far improved as to become useful members of the family circle, if, upon leaving the Institution, the influences around them are of a moral and intellectual kind. Of this fact, authentic instances afford sufficient proof; and cases have not been unfrequent where an idiot child, returned to a home where wretchedness and immorality prevailed, has answered a mother tempting him to a theft, "No, I do not that, for 'Thou shalt not steal;'" and where a child, to avoid such seductions, has sought protection from his own mother, in the Institution in which he had been brought up.

Moreover, it is certainly a great advantage if those idiot children who cannot be trained for daily life, can be received into institutions adapted to their needs; if they can be prevented from further degradation, and their existence rendered not only free from suffering, but even agreeable.

Requirements for the Attainment of Success in the Treatment of Idiots.

Above all things, is the greatest possible union of all the conditions of treatment needful to idiots important, since both medicinal and pedagogic influence depend upon it.

By such union in the course of the treatment, both the psychical and physical functions receive equal attention. This has been well appreciated by the Superintendents of our best institutions, but with this difference, that those who are teachers only, think the medical treatment to be subordinate; while the physicians hold the same opinion of teaching. Thus Dr. Rösch writes me, "We think here, at Mariaburg, that the physician must prepare the ground in which the schoolmaster has to sow his seeds." And Director Saegert requires that the teacher of idiots should be an anatomist, a physiologist, and pathologist, a requirement which the nature of the thing expands into the demand that the director of an idiot institution should combine the professions of physician and teacher, since only by direct communication with the children can their condition become known; and even under the most favorable circumstances, the appropriate treatment can only be adopted after long observation. The treatment of idiots must be taken up as the one task of life, and not as a profitable incidental undertaking. It is certainly not by accident that the teachers of deaf and dumb have taken up the poor idiots; for in the calling they have left, they have had to think enough upon the means and ways of overcoming difficulties; they have been initiated in the instruction of neglected children; and finally they commence with the knowledge of the difference

between instruction and training (teaching and unteaching.) The character of the institution for the training, instruction, and care, ought to resemble that of a well-arranged family; and this cannot be sufficiently repeated. The most essential characteristics are training and nursing. These requirements can be most readily fulfilled in private institutions. The number of the patients in public institutions must be regulated according to the number of assistants, and according to their judgment and trustworthiness. The locality in which the institution ought to be established, should, above all things, be free from endemic idiocy. It is indifferent how many feet it lies above the level of the sea; but it is wrong that the idiots should be separated from the rest of mankind, and that the institution should be established where people who do not belong to, it seldom come. The children must, above all things, be trained for daily life; which can only be done by introducing them to life. The mode of living in the institution loses the interest of excitement to idiots. Shops and trades will afford additional means of progress, if they are placed under competent instructors. The patients must not be merely sheltered, but they must be taught independent activity; and for this purpose opportunities for learning handiwork must be found, partly with the intention of preparing them for future callings, or as an agreeable method of passing time. The garden, wood, and pasteboard work are adapted for boys; and the household work, for which the institution affords sufficient opportunity, is suited to girls. Many learn to knit and sew in the ordinary manner; but though useful in the family, it cannot be made to afford a livelihood.

The Necessity for the Establishment of Idiot Institutions, and their Relations to Asylums for the Insane.

If to arouse the slumbering mental functions to activity is to promote and advance the good of mankind, a sufficient inducement to such humane efforts may be found in the sphere of idiot training. The number of these unfortunates is great, and stands, moreover, in close relation to the insane, whose numbers in some districts it exceeds, although not much. The fate of our idiotic fellow-creatures is, indeed, sufficient to excite an ardent desire to improve their condition; for, if they are excluded as incapable, from all attempts to train them, they must be considered fortunate if they receive any care, and are protected from injuries which plunge them yet deeper in degradation, until, when old and dangerous, burdens to their families or to the public, they are admitted into asylums, where they remain until the end of their lives. But many of them, who only suffer such a degree of idiocy that they are able, in a certain measure, to fulfil the requirements of life, often experience cruel treatment, where they are not able to do so much as is required of them. Their defects are attributed to disobedience and to laziness, or they enter into relations which it is beyond their power to fulfil. Crushed by themselves and by the world, a state of excitement not unfrequently comes on, in which they are brought to asylums, where, having fallen into the deepest state of idiocy, they are kept as incurables. If such individuals could receive during childhood proper training and instruction, they would become capable of thinking clearly, if only in a contracted circle; they would be introduced into a sphere of life adapted to their powers, in which they as useful members of society may work and not die.

By the establishment of idiot institutions, asylums for the insane would be freed from a certain important contingent, on which account it would appear to be a sacred duty of asylum physicians, in particular, to give in their thorough adherence to the training of idiots, and to work thereat not as if it were but a mere watering of the withered up trees of humanity, but by means of candid manful endeavours, here and there to establish and to make them as fruitful as the strong, healthy branch.

J. C. B., Tr.

THE QUARTER.

Mr. Millar and the Bucks Visitors.

The Committee of Visitors of the Bucks County Asylum have at length condescended to make public their reasons for the summary dismissal of their Superintendent. They have presented a lengthy report to the Quarter Sessions, incriminating, as far as lay in their power, the object of their anger; and exculpating themselves, to the best of their ability, from the grave accusation which has been preferred against them, even by their brother magistrates, of conduct hasty, intemperate, and unjust. After a careful perusal of the Visitor's Report, and assuming that its statements are strictly accurate and fair, we must confess our conviction that it shews no sufficient grounds for the sudden and peremptory dismissal of their chief officer. Our own opinion, indeed, may be thought not free from bias on this point, and therefore of little value; but we have the satisfaction to know that it is an opinion which the Visiting Justices of Asylums in several counties have also come to. The prevailing impression made by the perusal of the report is that the visitors had indeed no confidence and no liking towards Mr. Millar, but that they had utterly failed to shew any sufficient grounds for the opinion they entertained; and that, at the bottom of the whole affair, there was some deep, but concealed motive.

Some of the accusations brought against Mr. Millar are frivolous in the extreme. For instance, that he allowed the matron to take his children through the wards, and that he allowed patients to help the Chaplain in his garden. Some of them suffice to prove that his judgment, like that of other men, was sometimes at fault, especially in the confidence he reposed in a bad and dishonest servant, named Lissaman. The very worst thing we see alledged against Mr. Millar is that he permitted this man, who was his head attendant, to use the shower-bath without his own previous knowledge. Mr. Millar extenuates this fault by stating that it occurred on very few occasions, that a report was immediately made to him on the subject, and that the kind of bath and supply of water was such that it could not be abused. It is not, in fact, alleged by the visitors themselves that the bath was ever used in an excessive or improper degree, or that any ill

consequences resulted from its employment. Still it was wrong to delegate its use to an attendant or to a matron. But that the visitors of Bucks would have dismissed their chief officer for such an offence is incredible, when we reflect that but for recent occurrences it is probable that in many asylums it would scarcely have been looked upon as a departure from medical discipline, especially in an asylum where the medical superintendent had no assistant to see his orders executed; and, consequently, where he was likely to regard the head attendant in the light of an assistant. Had a general good understanding existed between Mr. Millar and his visitors, a temperate expression of opinion on their part, respecting the improper delegation of medical authority to others, would have been punishment enough for the offence and a safeguard against its repetition.

Alas, such a general good understanding did not exist! Why it did not exist, neither Mr. Millar's letter to the Magistracy, nor the report of the visitors, nor Mr. Millar's rejoinder, afford any light or explanation whatever. In these documents, indeed, we stumble upon some remarkable facts which may stimulate curiosity, but none calculated to satisfy that feeling. A medical superintendent, elected to his post on the strength of excellent testimonials, and the knowledge of his previous success in the management of a large asylum, is found in total disaccord with the members of his committee; and this, notwithstanding their own repeated testimony to the excellent condition of his asylum, and his devotion to the happiness and welfare of his patients. Indeed this one fact stands out very strongly, that Mr. Millar earnestly devoted himself to the care and treatment of his patients, that he paid great and diligent attention to the condition of the wards, and that he actually brought them into a high state of comfort and excellence.

This reflection must console him greatly in the annoyances he has experienced. His skill and attention in the management of the insane is a fact unquestioned, even by those who have been most bitterly opposed to him, and one which will stand greatly to his credit long after the present angry feelings of his late masters have yielded to a more just and temperate estimate of his merits. But how is it that a man with such claims to the confidence of his visitors, finds himself in such a position with them, that they are ready to give credence to the most unfounded and unworthy accusations, and to desert their duties, and thus bring the working of the Asylum to a stand unless he re-

signs. This is not the general characteristic of a body of English gentlemen holding the position of Asylum Visitors. It is directly contrary to the experience which Superintendents in other counties have of the country gentlemen under whom they have the honour and the pleasure to act. It is a strange fact, quite unexplained by any of the documents before us.

Mr. Millar presents us with the following analysis of the eleven gentlemen of his committee. Three of them took no part in the proceedings against him. Of the remaining seven, one had never been through the asylum, and three had only been through it once. Therefore, says Mr. Millar, "I have been tried and condemned chiefly by strangers." What made so large a proportion of his small Committee strangers to his asylum, but not so much strangers to himself, as to be impartial and free from hostile feeling? We shall venture to give the explanation which has been offered to us by gentlemen who possess good opportunities for estimating rightly the hidden causes of much that appears so strange in this matter. The erection of the Buckinghamshire Asylum was forced upon the magistracy of the county, by the powers of the Asylum Act, and it has therefore always been a sore and unpopular subject with them. It was built however, the visitors were appointed, and a Superintendent, giving promise of its successful management, was impartially elected. Mr. Carrington was made Chairman of the Visitors; and now commenced the great mistake in the management of the Asylum, which has resulted in the dismissal of Dr. Millar by seven visitors, four of whom were strangers to the Asylum. Mr. Carrington, the Chairman, was the only one of the visitors who from the first, took any interest in the Asylum; the others cared not upon what principles it was conducted; neglected to make themselves acquainted with its management, and never even took the trouble to converse with Mr. Millar on the subject of his arduous and important duties. Mr. Carrington and Mr. Millar were willing to incur, and did incur, all the responsibility of the management. Mr. Carrington had the utmost confidence in the Commissioners in Lunacy, "whose suggestions and recommendations were at all times law with him." He empowered Mr. Millar to furnish and decorate the Asylum wards in a manner which, for the use of paupers, was, in the judgment and taste of the Buckinghamshire magistrates, extravagant, inconsistent, and absurd; and which has

actually been made one ground of accusation against Mr. Millar in the recent difficulties. While the feelings of the magistracy were either indifferent or adverse, the manner in which all the recommendations and suggestions of the Commissioners in Lunacy were adopted as law, could not fail to be gratifying to the latter gentlemen. Indeed, they not unfrequently expressed the highest approbation of Mr. Millar's management, and of the state of his wards; and they went so far as to recommend the superintendents of other County Asylums to visit these wards, as patterns of excellence. The very practice which has been the cause of the bitterest discontent to the Bucks Visitors, namely, the liberty granted to the patients beyond the grounds of the asylum, is one of which the Commissioners have very properly lent all their authority to promote. Even subsequently to Mr. Millar's dismissal, the Commissioners have officially eulogised the condition of the asylum, and of the patients, which they attribute, in the most pointed manner, to Mr. Millar's exertions. Now it cannot be expected that when a body of country gentlemen first assume the responsibility of governing a newly-built County Lunatic Asylum, they will not stand in need of having some prejudices removed, and of receiving some instructions respecting the modern requirements in the treatment of the insane. It is a phase which has been passed through in all counties. But knowledge comes with instruction, and confidence with knowledge. In Buckinghamshire, however, the case was different. Mr. Carrington and Mr. Millar managed the asylum in the strictest obedience to the regulations and suggestions of the Commissioners in Lunacy, while the body of visitors stood aloof, jealous or indifferent. Mr. Carrington might have said, "after me the deluge;" and when circumstances obliged him to reside abroad, and to resign the chairmanship of the visitors who did not visit, the deluge came.

The great charge made by the visitors against Mr. Millar is that of want of judgment. In the application which they make of this charge we think they have been far from proving their case. But if gaining the confidence of the gentlemen in whose hands he had placed himself, was part of his duty, we certainly do think that Mr. Millar has not displayed that judgment and knowledge of character which was likely to conduce to his own comfort and welfare. He maintained and pursued without compromise all the views

of the Commissioners, and thus he lost the good-will and confidence of his visitors, and sacrificed his personal interests.

Mr. Millar has "from the earliest period placed the whole matter before the Commissioners," and "begged that the matter might be referred to them," but the visitors "have declined." They truly state that their powers are *absolute*, and not until he is adrift does Mr. Millar find that he has tied his anchor to the wrong cable. The Commissioners power of interference in the management of county asylums is narrowly and strictly limited by the statute. Perhaps it may be enlarged when the lunacy laws are again revised and reformed, and when the English antipathy to centralization has yielded to a general love of bureaucratic rule. In the mean time we trust that the Commissioners of Lunacy will not forget Mr. Millar's services, and that they will find for him some honorable and remunerative employment in the central district, where they are absolute over the fate of the insane and the fortunes of asylum officers.

Mr. Millar has quite recently published "A Refutation" of the Bucks Report. He might have saved himself the trouble. The visitors have failed to make out any case against his character. To reply is to assume that they have done so. If left to reflection, these gentlemen will the sooner regret the very unhandsome manner in which they disembarrassed themselves of his services. He may prove that he deserved their confidence, but he cannot prove that he took the best way to obtain it. The result, indeed, proves the contrary, a fact which cannot be refuted.

Was Verger of Sound Mind?

The assassination of the Primate of France, while in the discharge of his sacred duties, is an act of violence so atrocious as at once to suggest to the mind the belief that, the assassin was not as other men are, and to stimulate the curiosity of the psychologist respecting his exact mental condition. The history of Verger's private life is in the keeping of that close and secret fraternity, of which he was a member, and the information possessed by the public does not afford satisfactory grounds for the formation of an opinion respecting his disposition and temper. It is certain, however, that he had been for some years a source of trouble and anxiety to his ecclesiastical superiors; but whether the source of this anxiety was a wicked and dissolute course of life, as some have affirmed, or whether it originated in

violent opinions of the nature of delusion, and tending to the suggestion of criminal acts, the public has not been informed. The letter addressed from the Archbishop of Paris to the Bishop of Meaux, in which Verger is described as a rash and violent man, but honest in his convictions, and the fact of Verger having procured an axe for the avowed purpose of killing the Archbishop a long time before he actually did assassinate him, and before he had any motives for revengeful feeling, give colour to the latter supposition.

The unorthodox belief entertained by the assassin was, that Virgin-worship represented the worship of Cytherea, or beauty-worship of the Heathens, and was nothing better than a remnant of Paganism. That he, (Verger) had been raised up by God to destroy this idolatry, and that the death of the head of his church was a necessary and sacred duty devolving upon him to perform. It may appear to many, that Verger's belief respecting Virgin-worship does not deserve the name of a delusion, since it has been widely accepted as the philosophical explanation of this extraordinary part of the Roman Catholic religion, the early Christians having adopted this and many other customs from the practices of the heathen polytheists. But if Verger really entertained the belief that, he was divinely commissioned to uproot this idolatry by an act of murder, such a belief bore all the characteristics of insane delusion. Verger's trial was an extraordinary exhibition of excitement and violence on his part, and of undignified animosity on the part of his accusers. Generally speaking, the French adopt the most careful and scientific means to ascertain the exact state of mind of accused persons suspected of insanity, but in Verger's case, public horror and religious animosity combined to destroy all judicial equanimity. The public thirsted for revenge, and too impatient to permit the development of any psychological problem, the knot was with all speed cut through with the broad blade of the guillotine.

We are far from asserting that Verger was insane; he may have been only a bad, violent, and revengeful man; but his conduct at the trial, and subsequently to the trial, gives color to the supposition that he acted under the influence of delusion. A sane man in his position would have comprehended the impossibility of avoiding the penalty of the scaffold. Sane criminals submit to the necessities of their position, and rarely display violence, either in the court or the prison. But Verger was so frantic in court, that he had to be removed from the dock, and his sentence was passed in his

absence. In prison he clung not to the hope, but to the belief, that his life would be saved, almost to the last moment. On the morning of his execution, he had to be dressed by the forcible efforts of six jailors, as if he could not yield the conviction that he was the destined regenerator, and by no means a murderer. All these things, at least, leave space for a doubt respecting his soundness of mind; a doubt which the haste and animosity attending his trial and execution did not permit to be solved.

In his last days, Verger bore singular evidence on a question of asylum treatment, now happily rare in this country, but common in France. To prevent suicide, he was placed in a straight-waistcoat; the sense of restriction produced by which, he described as agonizing torture. So long as the straight-waistcoat was applied to him, in the usual artistic manner, he was restless and almost furious; when his jailors relented so far as to allow him the freedom of one arm, he became comparatively tranquil. It is to be hoped that this evidence of the torture inflicted by the straight waistcoat will not be lost upon those alienist physicians who still employ this most painful and objectionable means of restraint and compression.

Military Lunatic Asylum In the *Illustrated News* of the 21st March, there is an engraving of the new asylum erected at Fort Pitt, for the accommodation of soldiers arriving at the General Hospital with symptoms of mental disease. The asylum is placed within the ramparts which surround Fort Pitt, and is in a fine open situation, commanding a beautiful prospect in every direction. A corridor extends the whole length of the building, for the use of the patients, who are thus enabled to take open-air exercise daily, regardless of the weather. The ramparts form a barrier to the rear of the asylum; and in front is a tastefully-arranged garden, railed off, in which the patients will be allowed to walk, and from which they will be able to see and converse with their convalescent comrades. The asylum is constructed for two officers and thirty-two men.

We have much pleasure in thus recording the first step towards the accommodation of our insane soldiers. This temporary asylum, together with the contemplated asylum at Southampton, will supply all that can be required for the due treatment of the insane patients of the army.

Expenses of the Lunacy Commission.—The expenses of the Lunacy Commission for the year ending July, 1856, were £13,158. This sum does not include the amount expended in prosecutions.

Dr. Robertson has to communicate the following letter :

Office of Commissioners in Lunacy, 19, Whitehall Place,
January 20, 1857.

Dear Sir,

In looking over my papers, I find a letter from you announcing that the Association of Medical Officers of Asylums and Hospitals for the Insane, had done me the honour of electing me an honorary member. I much fear that a pressure of engagements during the last few months may have caused me to neglect acknowledging this, and expressing my thanks; and if so, I beg that you will accept every apology for the omission.

I am, dear Sir, faithfully yours,

JAMES WILKES.

L. Robertson, Esq., M.D., &c., &c.

Dr. HUME, *Commissioner in Lunacy*, died on the 1st ult., deeply regretted, in the 79th year of his age. He was an Army Surgeon, and private medical attendant to the late Duke of Wellington.

Dr. NAIRNE, late Physician to St. George's Hospital, has been appointed to succeed Dr. Hume at the councils of the Lunacy Board.

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On Certain Residual Prejudices of the Convalescent and Recovered Insane. By DANIEL NOBLE, M.D.

In the ordinary experience of psychological physicians, whose sphere of observation is largely in private practice and within the walls of an asylum for the middle and higher classes of society, many circumstances arise which do not present themselves, at least with the same distinctness and prominence, to those whose experience may be upon a much more extensive scale, yet almost exclusively among the artisan and pauper classes of the community, in large public institutions. The reports and the disquisitions with which the medical superintendents of these latter establishments enrich, from time to time, the records of psychological medicine need no commendation from individuals; the profession have fixed their value; and it is universally conceded, indeed, that from psychologists and philanthropists alike they justly claim the very highest measure of approval.

It is yet probably true that certain phases of psychical disorder, and particular facts of some significance in actual practice, are more likely to come beneath the notice and to engage the attention of the private practitioner than of the public official; and amongst the phenomena to which allusion is now made, I would cite the subject of the present paper—certain residual prejudices of the convalescent and the recovered insane.

A lady or gentleman whose domestic and social condition

has always commanded respect and deference, becomes mentally disordered; friends and relations are grieved, perplexed, and alarmed; person and property are unsafe; the family medical adviser is called in, and he cannot do otherwise probably than recommend an asylum. A physician, for satisfaction's sake, is consulted; but his functions very often expire when a corroborative judgment has been enounced, and the second lunacy-certificate has been given. The immediate relatives and the surgeon in ordinary attendance, aided probably by some near and confidential friend, undertake the preliminaries, and become direct agents in the patient's removal to the selected institution; accomplished by stratagem, force, or some extraordinary assumption of authority, as the case may be. A few weeks pass over, improvement ensues, and in two or three months, very likely, the patient is so much recovered as to render his further detention an unjustifiable proceeding, and he is restored to freedom.

Under circumstances of this kind, it will sometimes happen that the recovered patient cannot be brought, either by his own reflections or by the reasoning of others, to admit the fact of his previous insanity; and, in consequence, he will cherish feelings of animosity and indignation towards those who were instrumental in branding him with what he regards as its *stigma*. Resentment thus originating is indulged and cherished; constant brooding over the supposed wrong may excite reasonable fears of a relapse, which from this cause in some instances occurs; and the whole evil is frequently aggravated and complicated by the practical severance of old ties, affections, and associations. If the patient be a wife, she is probably in perpetual distrust of her husband, apprehending that, upon her slightest manifestation of ordinary temper, she will again be sent to a lunatic asylum; the son may suspect the previously beloved father, and henceforth withhold from him both countenance and confidence; an attached friend may become the object of dislike and contempt; and the medical attendant of long years may receive an ignominious dismissal, not unwillingly sacrificed as a scapegoat by others of the family.

I have grouped in this picture leading features distinctive of the evils and the mischiefs to which I would direct attention. Undoubtedly, they will be more or less familiar to all psychological physicians. My present object in adducing them is, in the first place, to inquire if we have any means of forming a judgment *a priori*, as to the class of cases in

which these embarrassing circumstances are most likely to ensue ; and next, to suggest that such plans and precautions be adopted in dealing with the cases as may materially lessen, if not altogether obviate, the inconveniences and the ills that might ensue in neglect of the requisite circumspection.

Whilst a very large proportion, certainly the majority, of the insane, exhibit some notable *change* in the habitual state of feeling, as well as delusive, extravagant, or incongruous thought—thus constituting mental *alienation* in a very literal sense ; other cases consist for the most part of some peculiar *intensification*, as it were, of certain psychological dispositions and tendencies constituting the inherent foibles and imperfections of the individual character. In the former set of circumstances, the patient generally recognises himself as having undergone remarkable alteration ; consciousness reveals to him novel feelings, unwonted ideas ; these he may deem to flow from a heavenly inspiration, or he may esteem them as a terrific visitation of Divine vengeance ; he is blessed with brilliant fortune, or in despondency and gloom awaits some inevitable ruin. It may happen that we have noisy delirium or a senseless imbecility, so that consistent feeling and coherent thought are substantially abolished. In all these examples the patient encounters a new life, experiences thoroughly unfamiliar forms of consciousness, and in a measure, and at intervals, will have an apprehension of his own disordered mind. Very often such persons have mental confusion concerning their own identity, becoming in their own estimation totally different individuals.

Now, when persons of this description recover and leave an asylum, they look back upon their past state as one that was a grievous affliction, and as one that reduced them, so far as regarded self-governance, to the condition of childhood ; and most usually they will admit that all was done for the best. In numerous instances they will evince confidence, gratitude, and affection, towards those who have had charge of them during the existence of mental disorder. Sometimes they will certainly suggest, from a sort of allowable pride, that an asylum *might* have been dispensed with, and they will probably exhibit a certain *shyness* towards all who had, in any especial manner, been concerned with their legal restriction of liberty, and were thus associated with its painful and distressing recollections. But they will not be unreasonable, they will not entertain animosity nor indulge resentment ; they will not perseveringly *act out* any feelings

incidentally arising. In such cases it seems to myself to be the *contrast* between the normal and abnormal states of mind that gives this distinctness of vision, and immunity from that residual prejudice which in this article I have particularly under discussion.

But when the psychical derangement consists for the most part of morbid exaltation of certain feelings, and of aggravated forms of disorderly though habitual thought, the result is often very different. And upon recovery from such states, the past does not most generally present itself to the patient as a morbid condition ; abolition of the faculty of self-control is not admitted to have had place. It may be conceded that there had been excitement, absurd or unjustifiable conduct probably ; but all this will be *explained* in the most natural way imaginable, and perhaps it will be stoutly maintained that the cited effects were out of no ordinary proportion to obvious causes. The patient will, at any rate, contend that there had been no *insanity*, and that consequently there had been gross injustice done him ; especially he will be indignant that by being placed in an asylum he had been formally stigmatised as a lunatic, a fact which might extend itself as a reproach to his children and his family.

And yet it is quite certain that cases constantly occur which, in all their developments and in their several modifications, would appear to resolve themselves into pathological intensification of natural defects and irregularities ; cases, too, which, both for the patient's cure and for the safety of person and property, demand the sacrifice of personal liberty and detention in what the law designates a lunatic asylum.

A member of some family, in which probably some hereditary tendency to insanity prevails, has always been frank and generous, acute and inventive ; sometimes a little flighty withal. He unduly occupies himself with objects of interest, over-taxes his brain, becomes strange and fantastic, and attracts the attention of acquaintances by his oddity and eccentricity ; unmistakeable insanity soon exhibits itself. He is restless, sleepless, wanders about from place to place, is regardless of physical necessities, indulges in preposterous, lavish, and ruinous expenditure, devises schemes of philanthropic action and mechanical processes for bettering the material condition of his fellow men. All this while he may be brought to converse quite coherently, and even rationally, if detached from the suggestions of a disturbed fancy ; and, indeed, he will evince in his words very often for a long time, though not most likely in the physiognomical expres-

sion, all the outward signs of a sane and lucid man. Another person of habitual bad temper, and of a suspicious, jealous disposition, will systematically cherish such feelings, until the imagination begins to suggest all sorts of ideas calculated to react upon and intensify these qualities of mind ; uncontrolled passion becomes uncontrollable, and finally elevates itself to actual madness. The bewildered fancy generates imagery that is confounded with reality, and depraved impulses flow from the emotional sensibility.

Now it is in examples of this kind—and most physicians will identify the foregoing representations at once—that I have for the most part observed that patients, upon retrospect, cannot be made to see that they have been insane. They may be made to recognise the defective or the vicious portion of themselves, their familiar states of consciousness, as having been very much exaggerated ; but they do not, they will not, see that they have been *alienated*—out of their mind. Efforts to reason with them upon the point, or elaborate attempts to justify the treatment that has been employed, rarely fail to distress or to irritate ; and sometimes they would seem to initiate a train of thoughts provocative of some serious relapse. These cases, indeed, have some characteristics in common with the more familiar forms of hysteria and hypochondriasis, inasmuch as they depend so largely upon exaggeration and exaltation of feeling.

In direct illustration of my entire thesis, I will adduce from my note-book three typical examples, which will bring prominently out the particular forms of mental disorder to which I now make especial reference, and which at the same time will shew the mischiefs likely to result from inadequate precaution in dealing with such instances. A very few words will then suffice for indicating due preventive measures.

Mrs. A. B. was always a weak-minded woman, imperfectly educated, and of an irritable, jealous spirit. She became the wife of a man, like herself, in humble circumstances ; but he being of strong natural ability and assiduously industrious, made considerable progress in his business career, and obtained some elevation in social position. Concurrently with the husband's advancement, the inherent faults of the wife's character became decidedly aggravated ; suspicions of his affection, then of his fidelity, besieged her, and a consequent derangement of domestic comfort and happiness ensued. This state of affairs with remissions went over several years, the intensity being determined very much, as

it seemed, by the vagaries of a vicious and capricious imagination. At times this person was the subject of head-ache, and this symptom was often the prelude to exacerbation of her moral disorder. In process of time the patient would systematically maintain that some particular woman, the pure creation of her own fancy, was constantly pursuing her husband's track. These various phenomena displayed themselves more especially during the periods of pregnancy. Yet withal there was a limit to her extravagances—self-control appeared to be maintained; and though mental derangement was apprehended both by her husband and medical attendants, it was not regarded as present. The whole was considered to be, in a great measure, the effects of natural ill-humour, and of a gradual loss of sympathy with her husband's improved circumstances and associations. On several occasions a change of residence on medical recommendation was tried, but only with temporary advantage. On the whole the symptoms underwent progressive aggravation. I was consulted in the case in the later months of her pregnancy, early in terminating 1856; and at this time she was complaining of head-ache, debility, and low spirits. I was made acquainted with the antecedent and concomitant circumstances, by her husband and the surgeon in regular attendance. Some improvement took place, and her delivery about a month afterwards was accomplished whilst in a more than ordinarily favourable condition, and moreover a very satisfactory convalescence ensued. In a few months, however, the worst features of her moral malady returned, associated for the first time, I believe, with paroxysms of ungovernable excitement. She was vociferous and abusive, and loud in her threats of personal violence, denouncing her husband's imaginary delinquencies to her servants, and even to her young children of both sexes; and that, too, in terms the most lewd and obscene. The victim of this miserable jealousy and suspicion became alarmed at her condition and conduct, and in great mental distress solicited my professional aid in this difficult set of circumstances. I visited the patient, and verified the account which had been given me, examining the state of the unhappy woman both alone and confronted with her husband. As the result of this investigation, I was led to diagnosticate an outburst of furious and even dangerous mania, notwithstanding that the observed phenomena appeared to resolve themselves into exaggeration and intensification of her habitual mental condition. She subsequently became an inmate of the private

institution to which I am visiting physician. Immediately upon her admission the acute symptoms abated. She had full recollection of all that had gone before; and the impression which her actual state, apart from the antecedents, was calculated to make, was simply that she was an ill-humoured, suspicious, and somewhat foul-tongued woman. She was merciless and reckless in denunciation of her husband, and that with unvarying consistency. Had I not had full conviction, upon what I conceived to be adequate grounds, that her statements had no other foundation than delusion and falsehood, I could have explained her conduct and previous excitement upon a more obvious theory than that of insanity. Indeed, her demeanour in the asylum was so free from all obvious and unequivocal indications of a true pathological condition, that at the expiration of a month I declined to sanction her further detention. Still from my previous experience of the case, and the reliable information which I had obtained from the regular medical attendant, I cannot hesitate to pronounce it to have been one rightly denominated mania. Certainly, without some personal acquaintance with foregoing facts and circumstances, I should have felt greatly perplexed in attempting to determine the true nature of the case; uncertain whether I had not to deal with a violent temper and habitual viciousness of disposition rather than with insanity. During this patient's sojourn in the asylum, she was twice visited by her husband. The first time she was most abusive, and reiterated her charges in most objectionable language, although the husband himself exercised an admirable forbearance and most judicious deportment altogether. Throughout her stay the principal anxiety that moved her to any good was the wish to return to her infant child. Of course, the necessity for self-control was urged; and when the husband paid her a second visit, the improvement in this respect was unequivocal and marked. She promised good behaviour, and was taken home.

Now this patient could never for a moment be brought to admit that she had, in any sense whatever, been insane. Yet notional errors, arising out of morbidly perverse temper and disposition, existed in her mind as realities; but these, however, did not so much *change* her nature as *intensify* it. And I suppose that, to her own consciousness, the terrific violence to which she was finally brought would appear as the justifiable expression of righteous indignation. I have not seen the woman since her discharge, but have frequently had her state reported to me by her husband and others;

and I understand that she has reverted very much to the state in which she habitually was prior to the maniacal outbreak. But she is most indignant with her husband for the lunacy measure, and constantly suspects that some scheme is being devised for repeating it; but this particular suspicion has been found to be not without some compensating benefit. It has operated in some respects as a *diversion* from the grosser suspicions; and it has partly served to keep down lewd excitement, by the dread which it keeps up of renewed captivity. On one occasion I received a confidential communication from her, through a female acquaintance soliciting to know with certainty from me if her husband did not contemplate a second time relegating her to a lunatic asylum.

Although in this particular instance practical inconveniences and mischiefs can hardly be said to have arisen from the residual prejudices obtaining in the patient's mind, it does not the less exemplify my argument. The case is typical of a class, and it illustrates the species of prejudice I allude to, and the mode of its origin. "Her husband had put her in confinement, and had thus wronged her grievously." This was the idea, and a correspondent feeling failed not to arise. It is easily seen how, under many circumstances, results very detrimental to subsequent domestic happiness might have ensued, from omission of such precautionary measures as would tend to weaken or prevent an idea of the kind in question.

Mr. E. D. is a gentleman in good circumstances, and of standing in society. He is near fifty years of age, being married and having a family; he is of a somewhat nervous, excitable temperament. Several years prior to the circumstances which I am about to relate, he had a slight attack of well-marked melancholia, which however was dissipated in a few weeks by ordinary care and change of scene.

Whilst pursuing a tour for recreation in the autumn of 1856, this gentleman was struck upon the head by coming accidentally in collision with some portion of the guard-box of a railway train. As the immediate effect, there was flashing before the eyes, followed by a few minutes' loss of consciousness; a rally speedily ensued, and no further results of a physical character were recognised. Nevertheless, in a week or two he became restless and excitable, especially in travelling about from place to place. He very soon attracted the notice of those about him, by the singularity of his conduct and demeanour. It was his natural disposition to be

kind-hearted, friendly, and open ; and he was at all times remarkable rather for an acuteness than a gravity or comprehensiveness of intellect. Hence he had always had a liking for new inventions, and his good nature generally interested him with plausible schemes of philanthropy. Now, at the time of which I am speaking, all these mental tendencies underwent exaltation to the last degree. His memory became unusually retentive ; he had unwonted fluency of expression, and was singularly quick at repartee ; he abounded in plans and proposals for improving the whole condition of humanity, Ireland in a particular manner becoming the object of his benevolent sympathy. Mankind at large were too harshly judged : if sin and suffering were but properly encountered, remedies were much more simple than was commonly believed. A subject hardly became started but he had a scheme in his head for solving its accidental difficulties. The prominent idea, however, that which most forcibly possessed him, was that from an insignificantly small proportion of animal matter, the merest residue of a dinner plate, he could manufacture an unlimited quantity of excellent soup, with which multitudes of people might be fed ; and the manufacture, moreover, whilst constituting a boon to the destitute poor, was capable of being made an admirable money speculation. An absurd and preposterous compound he would put together, and declare it to form *stock* which had a marvellous fecundity, surpassing in its results the miraculous multiplication of loaves and fishes recorded by the Evangelist. This ridiculous conception received outward expression wherever the patient went ; and he was always ready to communicate the details of his scheme to any one affecting to be interested, whether the assumed purpose was for the good of the poor or a money-making design. Of course, under these circumstances the gentleman became the object of great anxiety to his family and his friends. His physical health, however, was not amiss ; and, withal, he could be diverted from his maniacal thoughts, and be made to talk rationally and coherently upon business and domestic matters ; but whenever the mind was left to its spontaneous working, the delusive fancy resumed its supremacy. Very soon, with increasing excitability, he began to talk of leaving the country, for he knew not whither, for he knew not how long ; and, moreover, he commenced a system of uncalled-for, ridiculous, and heavy expenditure. His friends now felt that it was time for decisive action to ensue. The family surgeon, a very old

friend as well as medical attendant, was consulted ; and he had no hesitation in pronouncing the case to be one of true insanity, but recommended that I should be consulted in the case. This was done. I had a long interview with the patient, and myself verified most of the foregoing particulars. The diagnosis presented no difficulty whatever, and our joint recommendation was that he should be placed in an asylum at some distance from his own home. This was acceded to, and the mode of carrying out the recommendation became next the subject of discussion. To avoid gratuitous detail, I may briefly state that *stratagem* was agreed upon, and several relatives and friends, with the attendant surgeon, executed the adopted device. On being left at the institution to which he had been deported, a violent mental revulsion seems to have ensued ; and, as he has himself stated, the moment he discovered the true character of his new *habitat*, he gave expression in soliloquy to the idea that "he had brought things to a pretty pass with his soup." Indignation soon arose in his mind against the authors of what he regarded as a most unjustifiable proceeding, partly on account of the deceptive trick that had been played upon him, but chiefly because of the incarceration of him, a sound-minded Englishman, who at the very worst could only be said to have been somewhat nervous and excited. Hereupon he became apparently tranquil, and referred but little to his previous delusions. His great anxiety was to communicate with his friends, and to exceed the asylum bounds upon *parole* ; but these indulgences it was thought neither prudent nor safe to concede. Being thus thwarted, all his ideas ran upon making an escape ; and success followed his efforts about a fortnight after his reception. He was captured and taken back, however, the following day ; but in consequence of this circumstance his friends resolved that he should be placed elsewhere. Two of his relatives and the family surgeon went over to make immediate arrangements for the purpose, and the patient was brought to the asylum of which the present writer is medical attendant. When I saw him, shortly after his arrival, I was at once recognised as having visited him at his own house a short time before, and having been a party to his abduction. Yet he received me very kindly, and observed that an absence of all previous acquaintance with him had been the cause of my error, and that I had been over-influenced by the silly fears of some of his friends and the bad judgment of others. Indeed I soon acquired his confidence ; and in

three weeks from his admission had the pleasure of discharging him "recovered."

Whilst this gentleman was under my own immediate care, I had frequent conversations with him concerning previous circumstances, and the views which he took of his own mental condition. He all along insisted that there had been no insanity: he allowed that over-fatigue and bad nights whilst excursiōning had produced some undoubted nervous excitement; but he maintained that it had been most unjust to treat him as a lunatic. When hints were delicately thrown out regarding the acts and the words going very much to prove the contrary, there was manifested a somewhat convenient memory as to occurrences, which doubtless it was unpleasant to him to recollect, and he would slur them over in his own way, and with his own particular purpose. Above all, he was most intolerant of the least suggestion that his admitted nervousness or excitability was the result of the physical injury sustained by the head. Naturally of the most kind-hearted and placable disposition, he yet brooded incessantly upon the wrong which he considered to have been done him. He was greatly irritated, and even indignant, when his old friend and family surgeon paid him a visit; so much so, that the patient's wife, after having had an interview with him, insisted that neither professional nor any other considerations should authorise its repetition. Again, there was the patient's legal adviser, his own near relative, and one in whose success he had greatly interested himself; towards this gentleman he was equally embittered. A much respected friend, his own clergyman indeed, who had been a party to the stratagem by which his removal from home had been effected, was placed under ban. After leaving the asylum, the sole residuum that shewed itself of his morbid state, was a perpetual brooding over the supposed wrong which he had sustained, and an incessant iteration and reiteration of his story to all who would listen to the tedious details. He repeatedly expressed his delight that his wife had been no party to the transaction, observing that had it been otherwise he should never more have been as husband to her. It was hoped that little pleasure-trips and sojourn with various friends in different parts of the country, would have scattered this train of thought. But no, the theme was constant; so much so, that I advised a continental tour of some months duration to be made, in company with a judicious member of the family. I feared indeed, that if this dangerous mental monotone was not broken, some new

form of insanity would be the consequence. As I write, this tour is in progress, and so far as can be ascertained from correspondence, I should say with success.

The third and last case which I shall detail, presents the same essential features as the foregoing ones. It exhibits, moreover, circumstances of perilous relapse, apparently as a consequence of the patient's brooding over supposed injustice done to him.

Mr. E. F., a gentleman of talent and education, and about thirty years of age at the period of the events about to be related, was always of a vain, captious, and jealous disposition. Very soon after his marriage, without the slightest cause, he began to entertain the most preposterous suspicions of his wife's fidelity; but for several years this circumstance had no other result than that of producing the usual degree of domestic unhappiness, not however obvious in any way to the world. But jealousy led to its customary issue—unjust suspicion; and this became ludicrously displayed, and largely extended in its objects. He became singularly tenacious, moreover, of his own dignity, absurdly imagining that almost every one was either slighting or conspiring against him. In well-known sequence of such phenomena, and coincidently with disturbance of the digestive organs, unmistakable delusions arose, corresponding very much in character with the morbid feeling out of which they sprung. I need say nothing of the particular form which they assumed, as this is a circumstance which does not connect itself with my present purpose. I may go on to state, however, that violent conduct supervening upon the mental state, removal of the patient to an asylum was resolved upon, and he was removed accordingly. Under these circumstances he became my patient. There was little in his appearance, and less in his conversation, apart from the topics connected with his malady, to suggest that he was a madman. He was naturally cunning, and this character, with other (the worst) parts of his character, became so intensified that only when an attack was skilfully conducted could he be made to commit himself. Ordinarily, he was quite unrecognisable as a person mentally deranged. He had been brought to the asylum by his father, who had in conversation with him assigned his violence as the reason for the proceeding, and thus it was well known to the patient by whose authority he was placed in confinement. I may here state that the patient had always, in an especial manner, been attached to his father, and had had unlimited confidence in him. During

the sojourn in the asylum, there was no display of maniacal violence, and he was always calm and self-sustained when visited by any of his relatives. He was taken from the establishment somewhat earlier than I was prepared to recommend, under the impression which his father had that he was quite cured. I had myself, however, the apprehension that the ashes still smouldered. He would never, in my various conferences with him, admit for a moment that he was or had been insane, or in any way whatever disordered in the head; and he would refer with sorrow, rather than anger, to the conduct pursued towards him by his father. Yet this said father, who had himself retired from a business which for some time had been the son's exclusively, devoted himself faithfully and assiduously to its management, in the absence of its proper principal, and in every way exhibited himself deeply solicitous for his welfare. On leaving the asylum, this gentleman received the fullest explanation of matters from his father, who moreover accompanied him to a watering-place, as a proceeding intermediate to his resumption of the business. Notwithstanding the kindness and consideration so obviously showed him, it was plain that he continued to nurture a sense of injury. When once at liberty he became sullen with his father, insinuating that he had had his reasons for so carefully attending to the business, and obscurely hinting that there were other and darker motives for the incarceration to which he had been subjected. Before the period fixed for their return home, in less than three weeks from leaving the asylum, the miserable fellow boldly and angrily charged his aged parent, upwards of sixty years of age, with having got him out of the way that he (the father) might have incestuous communication with his own daughter-in-law; and, immediately upon this preposterous accusation the patient attempted parricide with a knife; but, happily, there was no injury received beyond an insignificant flesh-wound. Other unmistakeable signs of dangerous insanity ensued, and he was again placed in confinement. As he upon this occasion went to an asylum with which I have no connection, I was called upon to certify in the case, and found him in a decidedly worse condition than any in which I had before seen him. After some months he was again liberated; and since his return home, some three years ago, I believe there has been no renewed outbreak, at least none of any serious character. But to this day, I understand, he maintains a reserved and even morose demeanour towards both his parents. He has

never exhibited cordial feeling towards any of his family, excepting his children. His wife sometimes is with him and sometimes not, according to the humour of the time. He has changed his medical attendants, and to myself he will not vouchsafe so much as a look of recognition. But his ordinary deportment is that of a sane man ; and he conducts his business affairs with industry, consistency, and skill.

I do not know that I need occupy much space in commenting on the class of facts now exemplified ; the inferences and practical conclusions, I think, suggest themselves. It is clearly of considerable moment, that the residual prejudices forming the subject of this paper should be guarded against, and if possible prevented ; for not only do they in some instances give rise to social inconveniences and domestic mischief, but they operate injuriously upon the recovery of mental tone, and tend, moreover, to bring about relapse. It is obvious, therefore, that whenever there is good reason for believing that an imputation of insanity will be resented, and the justice of such imputation be impeached, persons who have intimate relations of any kind with patients should, ostensibly at least, be as little as possible mixed up with the measures that may be adopted. A contrary proceeding will often embarrass, even if it do not close, all future connection of a friendly character. "It was most injudicious and absurd, even if I had been insane," said a patient, whose case is the second I have recorded, "that my own nephew, my attorney, and my own doctor, should have been the persons to take me, and thus have made themselves the active instruments in the deception practised upon me. Why that of itself was an additional blunder." And he was right, I think. Under such circumstances, the proper course to pursue is plainly for indifferent persons and strangers to have the management of such matters, so far as practicable. Of course, the plan to be acted upon in particular instances cannot *a priori* be indicated : as the facts of a case and the facilities of operation vary, so will the steps to be taken. I am uncertain how far more extended experience may confirm my diagnosis, as to the examples that will demand that especial circumspection which I suggest. I certainly do not propose the views here offered in this respect as having dogmatic significance. I have given expression to them in order that they may receive that sort of trial by which alone their value can be estimated. The unmistakeable evils that arise from the combination of circumstances which it has been my aim to illustrate must, I apprehend, be matter of experience to all psychological

physicians engaged in private practice. And it is at least well to point them out with distinctness, as a measure necessarily conducive to the selection of just methods of preventive anticipation.

Addressing my medical brethren through the pages of a medical periodical, I may probably without impropriety suggest that, in addition to all the foregoing considerations, they should have regard to their business interests in dealing with this class of cases; and accordingly, that they should leave to strangers as much as possible the duty of professional action in the event of removal to an asylum, when the necessity arises in private practice.

On the Various Forms of Mental Disorder, (being the Substance of Lectures delivered at the York School of Medicine.) By DANIEL H. TUKE, M.D., Visiting Medical Officer to the York Retreat.

(Concluded from page 364.)

Passing from the consideration of the several so-called monomanias, or diseased manifestations of somewhat isolated propensities, we may next consider a more general affection, viz.:

MANIA.

This, perhaps, the most interesting and best recognised form of mental disease, has been usually treated of by writers, as essentially a disorder of the reasoning faculties. Dr. Prichard classed it under intellectual insanity. We are disposed, however, to regard it as belonging primarily to the affective or emotional group. It is, as has been before remarked, the object of the classification here adopted to refer every form of disease to that class of the mental functions which the disease necessarily, though not exclusively, involves in its course. Thus delusional insanity necessarily involves the intellectual faculties. The same is true of dementia, idiocy, and imbecility, although these in general destroy the integrity of the moral feelings also. The animal propensities are, however, so far from sympathising with the condition of the intellect, that they may be in a state of vigorous action. Mania implies an *excitement* which so

almost invariably involves the emotions, that although it would be incorrect to speak of it as necessarily developing violence or passion, it would seem clearly in accordance with the above principle to refer it to our third class.

Frequent and indeed usual as is the concomitant of a rapid succession of intellectual images in mania, cases occasionally occur in which there is but little evidence of this. In such examples of mania, there is no marked derangement of the reasoning powers, nor yet of conception or memory. In regard to the latter, Chiaruggi affirms that "for the most part it remains unimpaired through all the stages of mania." It may be said, indeed, and Esquirol has said it, that there is a lesion of the attention in acute mania. But it is by no means necessary to suppose this; and I am glad to be able to cite so high an authority as Baillarger, in opposition to this view. "Attention," observes this writer, "is only the appreciation of the *will*. Now what is there in the maniac which is changed, or if you will, where is the lesion? Is it in the degree of energy with which he can apply his attention? *Assuredly not.*" His attention may for a time be directed into a different channel, or even overpowered by the impetuous torrent of his emotion; but, as Baillarger says, it would be wrong to assert that there is any lesion of this faculty. "We do not say of a man who usually carries a load of a hundred pounds weight, that his powers are diminished because he falls down under a load two or three times greater."

Nor, in addition to the possible freedom from abnormal action of these mental processes which are more particularly associated with *internal* intellectual operations, is there of necessity any disorder of the *external* or sensitive operations of the mind, the perceptions or sensations of objects which are in relation to the senses.

Esquirol and some other writers have very justly asserted, that what is ordinarily understood as *fury* is not identical with mania. "If maniacs are more frequently furious than other insane persons, it must be attributed to their temperament, their extreme susceptibility, and the exaltation of all their faculties; circumstances which render them exceedingly impressionable, and consequently very irritable and choleric." All that can be said is, that one or more of the passions is almost always exalted in mania, and that a furious condition, although not constituting an essential symptom, is very generally present in the acute form. The opinion of Esquirol, that mania is a disease in which the intellectual

faculties are primarily affected, and the emotions secondarily—in this differing from melancholia, in which, as he conceived, the converse holds good—will not bear the test either of experience or physiology. For, although the statement made by Dr. Carpenter, that the disorder of the emotions in all cases of mental disorder precedes and gives rise to the aberration of the intellect, may require to be modified, there can be no doubt of its general truth in cases of mania. Mania, then, is essentially a disorder of the impulses or propensities, although in the vast majority of instances the purely intellectual functions are likewise more or less disturbed. Mania is a term understood in various senses, and it doubtless includes many cases presenting very different symptoms; but certainly in its primary sense, that of raving madness, it may be properly regarded as passion resulting from disease, and more prolonged in its operation. Even anger itself was characterised by Horace as a short madness—*ira furor brevis est*; and several writers, including Pinel, have endorsed this sentiment of the poet. “He who,” observes this writer, “has identified anger with fury or transient mania, has expressed a view, the profound truth of which one feels disposed to admit, the more one observes and compares a large number of cases of acute mania. Such paroxysms are rather composed of irascible emotions, than any derangement of the understanding, or any whimsical singularities of the judgment. Thus we find the terms *mania* and *fury* employed synonymously in the works of Aretæus and Cœlius Aurelianus, who have excelled in the art of observation. *We only ought to condemn the too extended signification they give to this term*, since we sometimes observe maniacal attacks without fury, although scarcely ever without more or less alteration or perversion of the moral feelings.”*

Broussais asserts the same.† “Anger is a mad passion, which carries us out of ourselves,” observes Charron, ‡ “and which, seeking to repel the evil which menaces us, or which has already injured us, makes our heart’s blood boil, and creates in our mind furious vapours which blind us, and precipitate us into doing anything to satisfy the desire of revenge. It is a short madness, *a road to mania*.” And Marc asserts that no passion gives more easily place to a sudden

* *Traité Medico Philosophique sur l’Aliénation Mentale*. 2nde Edit. 1809, p. 100.

† *On Irritation and Insanity*, p. 245.

‡ Vide M. Descuret’s *La Médecine des Passions*, p. 392.

perturbation of all the organism than anger, nor produces in a person a closer resemblance to mania.

Reverse these descriptions, and it will be found that it is equally correct to say, that raving madness presents many of the characters of prolonged anger or passion. No one will deny that the man who is in a passion has his feelings rather than his reason disturbed in the first instance; yet when thus aroused, how confused is his language, how distorted is his judgment. He hurries from one unfinished sentence to begin another; his ideas flow too quickly to allow of their sufficiently rapid expression by language. But although mania in many instances is a prolonged anger, it may likewise be altogether pleasurable in its manifestations, presenting a condition of exhilaration and uncontrollable excitement which is rather an excess of joy than of anger. It is, however, not the less emotional in character, and it is so far a state of irritability, that a very slight amount of opposition would be followed by a display of angry passion. And again, apparent tranquillity may co-exist with latent or ill-suppressed emotions. "Il n'est pas rare de voir de maniaques," observes Dr. Brierre, "dont la fureur est pour ainsi dire *interne*; ils sont en general silencieux, mais leur actes qui sont instantanés, en font une espece dangereuse. On pourrait les appeler les fous rageurs."

Some of the instances given by writers as illustrative of instinctive mania, or of a destructive impulse, are in point of fact, typical examples of mania in its pure, uncomplicated form; a form sufficiently well marked to allow of Dr. Prichard's observation, that "the term raving madness may be used with propriety as an English synonym for mania. All maniacs display this symptom occasionally, if not constantly, and in greater or lesser degrees." To this condition is added, with very few exceptions, marked disturbance of the intellectual faculties, and then we have the symptoms of ordinary acute mania.

While, therefore, we regard mania as usually having its origin in disordered emotions, we fully admit that the whole mind generally suffers in consequence, and that confusion then becomes universal throughout the "countless chambers of the brain."

Symptoms of Mania.—Mania has in almost all instances its stage of *incubation*; although, as compared with melancholia and dementia, the transition is usually less gradual from slight to unmistakeable mental disorder.

"At first," observes Esquirol, "trifling irregularities in

the affections are noticed in the conduct of one whom the first symptoms of the malady begin to disturb. The maniac is, at the commencement of the malady, either sad or gay, active or indolent, indifferent or eager; he becomes impatient, irritable, and choleric. He soon neglects his family, forsakes his business and household affairs, deserts his home, and yields himself to acts, the more afflictive as they contrast more strikingly with his ordinary mode of life. To alternations of delirium and reason, of composure and agitation, succeed acts the most strange and extravagant; entirely contrary to the well-being and interests of the patient. The alarm and disquietude, the warnings and advice of friendship, paternal tenderness and love, oppose, irritate, and provoke the patient, exciting him by slow degrees to the highest pitch of mania."

In another class of cases, the premonitory symptoms are characterised by gloom and despondency, the reverse of the supervening maniacal excitement.

Occasionally there are cases, as the last quoted writer has observed, in which persons "sink into a deep stupor, appearing to be deprived of every thought and idea. They do not move, but remain where they are placed, and require dressing and feeding. The features of the face are contracted, and the eyes red and glistening. Suddenly mania bursts forth in all the strength of its delirium and agitation." In such cases, along with the prostration, there is a frequent pulse, hot skin, high-coloured urine, &c.

The physical symptoms by which a state of mania is ushered in also vary. In the majority of cases, there is early a more or less marked departure from the individual's former state of health. Insomnia is one of the most important symptoms. The condition of the tongue, skin, and hepatic secretion is usually more or less deranged. There may be but slight fever.

Sometimes, however, the invasion of mania is characterised by acutely febrile symptoms. There are also in some instances, decided indications of cerebral congestion.

Intense headache is sometimes the precursor of the attack. This is at times so insupportable, that patients, as Esquirol observes, have stated that they have endeavoured to knock themselves upon the head in the hope of relieving it.

In not a few instances, the symptoms are referred by the patient to the abdominal organs; in some, a remarkable sensation is experienced at the epigastrium, extending thence upwards to the head.

The symptoms displayed when the disorder is fully developed are by no means uniform, being determined in part by the patient's natural constitution of mind, and partly by the degree in which the several faculties and emotions are relatively disordered. The perceptions of the patient, whether primarily or secondarily affected, may, by their morbid action, convey to him a hallucination or illusion which shall be sufficient to determine the particular character of his demonstrations. I have witnessed in a patient, the most violent actions and the most abusive language result, from the fear that those who approached her would tread on certain celebrated personages whom she saw in miniature form before her, on the floor of her apartment. And it is of very frequent occurrence for a maniac to perceive in his medical attendant, the lineaments of some other person towards whom he entertains vindictive feelings, and in consequence of this illusion to vent his rage upon him in every possible way.

Innumerable are the delusions which affect the course of thought and conduct pursued by the patient. Does he believe that he is about to reform the state of society, (the prominent symptoms of Dr. Arnold's "scheming insanity,") he overflows with his benevolent plans, projects, and intentions, all devised for the certain amelioration of mankind, to which, if we will not listen until the description is concluded, or if he should be thwarted in his endeavour to carry into execution these impracticable schemes, a violent explosion of passion accompanied by imprecations, and perhaps a display of his pugilistic powers, will probably be the termination, for the present, of his expansive philanthropy ; and the seclusion room becomes the receptacle of the reformer of the world. He is bent on destroying whatever lies within his reach ; his clothes, if not sufficiently strong, are sacrificed to his rage ; and the scraps of paper on which he has so ingeniously designed the means by which his ideas may be realized, the letters to the Queen and Prime Minister, in which he has so conclusively set forth the remedies for the relief of every human ill, are now, it is not unlikely, torn into a thousand pieces. If to this condition be added, dirty habits, or the dirt-eating propensity, a truly deplorable picture is presented of what the 'lords of the creation' may become when afflicted with mental disease. Dangerous violence, destructiveness in regard to senseless objects, a total disregard of cleanliness and decency, vociferous denunciations, loud and threatening language,

rapid and impetuous utterance, harsh voice, imprecations and stamping with the feet, now mark the climax of the paroxysm the madman labours under in this marvellous disturbance of the emotions, involving as it does the overthrow of the moral, and the perversion of the intellectual portions of our mental constitution.

The face, and the whole external man would tell, were the patient silent, of the commotion which is raging within. The tension of the muscles, the contracted brow, the flushed features, the brilliance and congestion of the eyes, the head thrown back in audacious contempt, or fixed in a menacing attitude, the disordered or even bristled hair, the puffing of the neck, and congested veins, all indicate the mental tempest by which he is agitated.

The emotions thus aroused and excited, seem in the words of Shakespear, to

“Stiffen the sinews, summon up the blood,
Lend fierce and dreadful aspect to the eye,
Set the teeth close, and stretch the nostril wide,
Hold hard the breath and bind up every spirit
To its full height——”

But it must not be inferred from these descriptions, that every case of even acute mania presents either such well pronounced symptoms, or even precisely the same passions of the soul in diseased activity. And fortunately raving madness is at the present day to be found, (thanks to the altered system of treatment, and perhaps also to an altered, that is to say, more asthenic phase of disease in general,) much better described in books than observed in our asylums for the insane. The statement made by Arnold in regard to a patient labouring under “phrenitic insanity,” that “he raves incessantly, or with short and those rarely lucid intervals either about one or various objects; and laughs, sings, whistles, weeps, laments, prays, shouts, threatens, attempts to commit violence either on himself or others, or does whatever else the nature of his delirium prompts him to,” is not applicable to nearly so large a proportion of cases of insanity as it was when Arnold wrote. The student in quest of a graphic picture of mania may read Chiaruggi’s description;* since he may have some time to wait before he can witness its counterpart in the realities of asylum life.

Perhaps the most remarkable fact, in regard to the connection between the mental symptoms developed in mania and the physical health, is the slight degree in

* Cited by Prichard, *Treatise*, page 76.

which the latter is endangered, or even (it may be) materially disturbed. Careful notes taken of the state of the tongue, pulse, the renal secretion, and the alvine evacuations in a condition of great excitement, and compared with notes taken of the same patients when convalescent, will sometimes fail to shew that change which would appear to be commensurate with the altered physical condition of the patient. This statement must, of course, be so far qualified, that the muscular exertion and rapid locomotion connected with the period of actual violence, necessarily induces some temporary changes in the physical state, such as heat of skin, and acceleration of the pulse, which, however, cannot be regarded as other than the natural effect of certain actions; which effect would take place in individuals performing them, although in perfect health. And it is further sometimes observed when physical disorder has been marked, that in the change from excitement to tranquillity, there is a *persistence* of morbid physical phenomena; that is to say, some morbid physical symptoms were not wanting in the maniacal stage, but they did not pass away immediately on the subsidence of the excitement; a fact which, to some extent, is explained by supposing that the physical symptoms induced by the cerebral irritation had not had time to subside, although their immediate cause had disappeared. Dr. Conolly, after stating that he has attempted to convey an idea of the symptoms of acute mania, observes, "that even acute mania is not always accompanied by the ordinary external signs of excitement. It would seem as if we had yet to learn the real symptoms of cerebral irritation. Certainly in recent cases of mania, cases which had not lasted more than six weeks, and in young persons, in whom I have since seen the maniacal attack pass into dementia; I have known the most acute paroxysms of mania exist, rapid and violent talking, continual motion, inability to recognize surrounding persons and objects, a disposition to tear and destroy clothes and bedding, without any heat of the scalp or of the surface, without either flushing or paleness of the face, with a clean and natural appearance of the tongue, and a pulse no more than 80 or 85." This is however exceptional, and we believe that in a very early stage, (often prior to admission into an asylum,) well marked physical symptoms are rarely wanting. Afterwards the system gets, as it were, to tolerate the excitement to which it is subjected. A case lately seen at the house of the patient, illustrates the foregoing well; and it illustrates another fact, which is, that in the onset of the attack, the symptoms may be those chiefly of irritation,

while in the course of a few days they become much more decidedly febrile in character. The patient, a young man, complained in the first instance of feeling generally ill, and was unusually nervous, fearing to sleep alone, &c. His pupils were dilated, the conjunctiva pale, the water copious and light in colour, and the pulse about 80. In a day or two, the mind became more affected, and the symptoms of acute mania set in. With these psychical symptoms, the conjunctiva became intensely injected, the urine scanty and high coloured, the pulse more frequent, and the head very hot. The tongue, which was foul before, became increasingly so, and red. For several days the patient was acutely maniacal; after which the excitement abated, and coincidently with this abatement, the tongue became cleaner, the pulse slower, the conjunctiva paler, and the urine more copious.

What, then, are usually the evidences afforded by the physical symptoms of the patient, of his maniacal condition? Drs. Leuret and Mitivié have made some very careful observations on the pulse in mania, and have arrived at the conclusion that the mean number of pulsations in a minute is 90, being about 15 above the average of the healthy adult.* According to Dr. Conolly, the pulse is quick and feeble, seldom below 96, often as high as 120, variable, and readily increased in rapidity. It is difficult however to know, as has before been intimated, how much of this increased frequency is due to muscular exercise and other accidental circumstances, and how much to the disease itself.

Jacobi thinks that the condition of the pulse in mania, does not so much indicate the state of the patient's mind as it does the physical disorder existing with, and probably the cause of it. He regards the observations of Leuret and Mitivié as defective, and appears himself to have arrived at negative, rather than positive results.

Dr. Foville has made observations on the frequency of the pulse in the insane generally. He took 62 patients, (male and female,) promiscuously, chronic and acute cases, and found the average pulsations to be 84 in a minute.

Guislain thinks that cerebral excitement is generally proportioned to the quickness of the pulse. "Occasionally," he adds, "it is slow, as in some cases of melancholy and ecstasy, but then there is a peculiar rhythm; each pulsation even when

* Dr. Guy made observations on the pulse in 50 persons free from mental or bodily disease; and when compared with the results of Leuret and Mitivié, it would appear that "it is only between 80 and 90 pulsations that there is any great excess on the side of the insane." *Forensic Medicine*, p. 270.

the contraction of the heart does not indicate disease, presents a certain energy in some degree convulsive. Occasionally the pulse is slow, from a diminution of cerebral excitement. Scarcely ever is there either hardness or fulness of the pulse."

The *skin* is sometimes moist and offensive to the sense of smell, sometimes dry and harsh; the former condition is occasionally the cause of as diagnostic an odour as the never to be forgotten effluvium, attendant upon a variolous patient; and is then immediately observed on entering a room where the maniac has been for some hours, and especially during the night. The room smells like a mouse trap. Dr. Jacobi however, inclines to doubt whether there is anything special in it.

The *bowels* are sometimes relaxed for a considerable period in mania; but constipation is more usual. But, whether loose or confined, there is very frequently decided evidence of gastric and hepatic derangement. The dirty habits of maniacs are referred by Calmeil to two causes, forgetfulness and design; but not to any paralysis of the *sphincter ani*.

Dr. Jacobi found out of 50 cases, the bowels inactive in 20 instances, regular in 17, and of normal form; while in 13 the stools were decidedly unhealthy, and in 9 of these irregularly relaxed and confined.

The urine is frequently sufficient in quantity without being high coloured; at the same time, during an accession of violence it is often more scanty and deeper in colour.

Some years ago, Drs. Sutherland and Rigby examined the urine of a large number of patients at St. Luke's, and found that in 100 cases of mania, it was of "dark colour" in 52, and deposited a sediment in 87 instances.

Incontinence of urine is common, and may in most instances be explained on Calmeil's supposition, in regard to the fæcal evacuations. Dr. Sutherland, in conjunction with Dr. Beale, has recently made a series of experiments on the urine of maniacal patients, and has arrived at the following conclusions:—

"1. A plus quantity of phosphates exists in the urine, in the paroxysms of acute mania.

2. A minus quantity exists in the stage of exhaustion in mania, in acute dementia, and in the third stage of paralysis of the insane.

3. The plus and minus quantities of phosphates in the urine, correspond with the quantitative analysis of the brain and of the blood; for a plus quantity of phosphorus is

found in the brain, and a slight excess of albumen in the blood of maniacal patients; and a minus quantity of phosphorus and albumen are found in the brain of idiots; and a minus quantity of albumen in the blood of paralysis of the insane.

4. The plus quantity of phosphates in the urine of cases of acute mania, denotes the expenditure of nervous force, and is not a proof of the existence of acute inflammation in this disease." Contrary to the conclusion at which Erlenmayer arrived, namely, that the urine is generally alkaline in recent cases of mania, Dr. Sutherland concludes that it is generally acid. "I find that in 125 cases of recent mania, admitted during two years under my care into St. Luke's hospital, the urine was acid in 111 cases, neutral in one, alkaline in 13; being in the proportion of $88\frac{4}{5}$ per cent. acid, $10\frac{1}{5}$ alkaline, and, omitting fractions, 1 neutral; whereas in 100 cases of chronic mania and dementia under my care at the same time, the urine was acid in 61, neutral in 6, alkaline in 33; and in 25 cases of paralysis of the insane, the re-action of the urine was acid in 12, neutral in 1, alkaline in 12."

The *tongue* is usually redder than it should be, its muscular tissue firmer, and its papillæ unduly prominent. Of 50 cases of acute mania examined in this respect by Jacobi, the tongue was in 17 instances very foul, white or tawny, grey or yellowish grey, but in no case dry, although frequently it was but little moist; in 16 instances the tongue was slightly furred, and in the remaining 17 it was quite clean. In the same number of cases, the breath was in 20 sweet, in 15 somewhat offensive, and in the same number decidedly so, some of these being "exceedingly sour." In regard to the saliva, the same observer found out of 50 cases, that it was excessive in quantity in 21 instances, (in 2 of which it was only so during the paroxysm,) and slightly increased in 4.

As a rule, the appetite of maniacal patients is great, and often excessive; more so at the onset, and during a paroxysm, than when the patient is calmer. A maniac may refuse food altogether, but he rarely persists so long as to occasion any danger. Referring to Dr. Jacobi's 50 cases, I find that in 23 the appetite was normal, in 13 it was voracious, in 7 it was at first poor, and subsequently excessive; in 3 it varied, in 2 the appetite was increased during the exacerbations, and in the remaining 2 it was very bad.

Thirst was a prominent symptom in 7 cases, in 9 there was less than usual, and the remaining 34 did not vary from a state of health in this respect.

The patient generally gets thinner; the same remark obviously applies here that was made in regard to the pulse, that this may result entirely from circumstances, which are associated with, but are not essential to the disease. In some cases there is marked emaciation. In 21 of Jacobi's 50 cases, there was very decided evidence of defective nutrition, and in 15 this was in some degree the case; in 15 cases there was more or less evidence of dyscrasia, and in 14 the complexion was sallow or earthy, with a dark areola under the eyes.

Extreme, and sometimes sudden, exhaustion is a symptom always to be feared and carefully to be watched, in the progress of mania. Dr. Conolly records 7 cases in which it proved fatal, one of which is so instructive, that I shall cite it in illustration here. A male patient, aged 36, a coachman, lost his situation, and became maniacal in consequence, threatening the life of his wife, trying to get out of the window, and saying that the devil was in his room. When admitted about a fortnight after his attack, he was thin, pale, restless, always talking incoherently or singing; his tongue was white, but it soon became dry and coated, and then in a few days moist. At first he refused food, then took it freely; the bowels were costive, his voice was hoarse, the pulse at first 96, soon afterwards 120, and always very feeble; he could give no distinct answers. Here was a case of recent mania from a moral cause. Leeches were applied to the head, he had warm baths, croton oil was given when food was refused; the tincture of henbane at night, and after a trial of this medicine, porter; but he sank rapidly, became quiet and sleepy, and died ten days after admission.* Pinel informs us that an Austrian prisoner was brought to Bicêtre, who was for two months in a state of violent and perpetual agitation, unceasingly singing or crying, and breaking to pieces everything that came in his way. His appetite was so voracious that he eat 4lbs. of bread daily. On the night of October 25th, the third year of the republic, the paroxysm subsided. In the morning he was observed to be in full possession of his reason, but in a state of extreme exhaustion. After breakfast he walked for a short time in the court; on returning to his apartment in the evening, he complained of a sense of chilliness, which we endeavoured to remedy by increasing his bed clothing. The keeper, on going his round some hours afterwards, found this unfortunate man dead in his bed, in the position in which he had left him.† This case is adduced by Pinel rather in illus-

* *Lancet*, 1845.

† Pinel's *Treatise*, page 37.

tration of the effect of severe cold than of simple exhaustion.

Dr. Bell, of America, has specially called the attention of the profession to a form of mania in which the disease runs a rapid course, and is attended by extreme exhaustion after excitement. In "Bell's disease," (as it has been called,) the attack is sudden; and loss of sleep, delirium and loathing of food are prominent symptoms. Ray regards such cases as identical with what Abercrombie describes "as a dangerous modification of meningitis," which is liable to be mistaken for mania.* Dr. Benedict considers that the cases which he has reported under the term "exhaustive mania," are examples of Bell's disease, but Dr. Ray thinks their identity improbable, since Benedict's cases recovered, and Bell's died. Dr. A. V. Williams refers to the same category, what he calls "typhomania," from the typhoid character of the symptoms. This, also, Dr. Ray regards as distinct from Bell's disease.

The diversity of the symptoms in mania may, to a certain extent, be explained by the well-known fact, that an equal amount of excitement may result from two distinct and opposite conditions of the system; excessive nervous action often co-existing with deficient nervous power. This it is most important ever to bear in mind. One patient may be mad from an excess, another from a deficiency of vital force. The one may require the lancet, the other stimulants. There may be a surplus nervous energy and excitement, and there may be a state of nervous debility and consequent irritation, precisely opposite in its nature. We may very properly speak, therefore, of *sthenic* and *asthenic* mania; both being still acute. To the former, the description already given of the physical indications, more especially applies. In the latter, the pulse is often very feeble, although frequent; the tongue is decidedly pale, thin, flat, flabby, and probably indented at the edges; the lips pale; the conjunctiva watery, and either pale, or if vascular, not presenting the same bright red injection which is generally present in acute *sthenic* mania; the pupil is not so much contracted, and it may be dilated. In books, a dilated pupil is sometimes mentioned as characteristic of mania, but this is by no means the case, and when it is present it will usually be found to be in mania of the *asthenic* variety.† The

* Dr. Watson supposes that Abercrombie was describing ordinary *delirium tremens*.

† Dr. Pliny Earle, however, in an excellent paper in the *American Journal of Insanity* (April, 1854,) observes: "In many cases of the most furious mania,

scalp may or may not be hotter than usual; and in regard to this and every other symptom, it may be observed that no just inference can be drawn from any one of them alone; they must be judged of in their entirety.

In regard to the course which acute mania takes after it is established, it may either yield rapidly to treatment, may end in death by exhaustion, may become chronic, or may terminate in melancholia or dementia. Esquirol was of opinion that the majority are cured at the termination of the second or fourth month of treatment. Guislain's experience is to the effect, that while an acute attack of mania may terminate in three or four days, it most frequently does so at the end of three months, frequently also at the end of six or of nine. After two years continuance he has rarely seen mania cured. Esquirol has witnessed cures after two or three years continuance; Brierre de Boismont after twelve; and Pinel after twenty-five years. Persons generally estimate the danger of mania by its intensity, but in general, the probability of cure is rather in proportion to the excitement of the patient, or perhaps, in proportion as the excitement involves the whole mind, and not any single faculty. At the asylum at Ghent, seven out of ten cases of mania recover; some of these sooner or later relapse, returning to the asylum after an absence of one, two, four, seven, and ten years. Guislain thinks there is a good deal of periodicity in regard to the return of the attacks. It is generally said that one-third of maniacal cases are intermittent. The paroxysm has been observed to return at various periods, occasionally regular, as after an interval of a month or a week; and sometimes they assume a quotidian, tertian, or quartan type. A man is attacked at twenty-six, at thirty, and at forty years of age; the probability of relapse depending to some extent on the patient's age, his constitution, and the circumstances by which he is surrounded. In some cases he has observed mania to return every four, in others every three months, and in others every month. This is more especially the case when complicated with epilepsy; in regard to which complication it may be stated, that out of four hundred patients at the Salpêtrière, fifty were maniacs. The connection between lunar influence and the return of maniacal paroxysms is not yet sufficiently well established. This time-

and that too not unfrequently in robust or plethoric persons, the pupil remains of its natural size. Sometimes it is even dilated. The cases in which it is generally most contracted are those of slender, nervous, perhaps debilitated persons, in whom there are various evidences of high excitability, and who not only tolerate, but require a tonic, sometimes a stimulant treatment."

honoured idea is fully considered in Dr. Thurnam's *Statistics of Insanity*; in Dr. Winslow's *Journal*, October, 1850, and April, 1856; to which publications those who wish to pursue the subject are referred. The remissions in mania are not the same, in regard to the period of the day, as in melancholia, in which the exacerbations usually take place in the morning. "We observe," says Dr. Conolly, "in a great number of recent cases of mania, that the patient is tolerably quiet all day. A few are maniacal in the day time, and yet at night sleep well; some have an alternate noisy and quiet day. . . . It has been long known by those conversant with the habits of the insane, that many of them, during these paroxysms of excitement, have an aversion to lying down, and manifest a sort of instinctive avoidance of a horizontal position." However much the patient may have had the aspect of health during the early period of the attack, it almost invariably happens that when it becomes chronic, he has an ill look, a haggard expression, makes little red blood, is cachectic; and although in some instances, among a group of patients, the subject of chronic mania does not attract any special attention as being out of health, and has not any prominent morbid symptom, he would, were he placed by the side of a man enjoying robust health, present a sufficiently striking contrast. He would look etiolated.

Mania exhibits a considerable tendency to pass into dementia. Of 49 cases of mania admitted into the Retreat, and which ultimately proved fatal, the following was the state of mind of the patients at the period of death. In 30 the *form* of disorder was unchanged, 8 of whom had decidedly improved, and 22 were no better. In 19 the form of mental disorder had changed, 16 into *dementia*, and only 3 into melancholia. Again, of 91 patients in the Retreat in 1840, 38 had been admitted in a state of mania, of whom 11 had passed into dementia, and 27 were still examples of mania.*

It fares, indeed, with the patient after an attack of mania, as with a city or garrison after the horrors of an assault. The milder but more permanent supremacy of the enemy may succeed; or the whole may present but a heap of smouldering ruins; or the re-action of native strength having repelled the foe, there may be more or less of obvious dilapidation to mark the fierceness of the conflict.

The mortality at the Retreat of those admitted during a state of mania, during 44 years, was 3·99, while in melancholia it was nearly double this, namely, 6·96. In regard to its fre-

* *Statistics of Insanity*. Tables 33, 45.

quency, it may be stated, that at the same institution, and during the same period of time, 615 cases were admitted, of whom 277, or about 45 per cent., were examples of mania, offering a contrast to melancholia, of which there were 35 per cent. The two sexes appeared to be equally the subjects of mania, while Esquirol considered the male sex the most liable. In regard to the period of life during which the greatest number of persons are attacked, the tables prepared by the last-mentioned writer, go to shew that it is very considerable between 20 and 25; still more so between 25 and 30; and that while the proportion increased from 15 to 30, it decreased from 30 to 60 and upwards.

An interesting case of mania, occurring in a child only six years old, is reported in the *Psychological Journal*, April, 1848. "E. A., aged six years, the daughter of an old furniture broker, was admitted into Bethlehem Hospital on the 30th of August, 1842, labouring under an attack of mania of ten weeks duration. Her education was good for her years, and she never in any way gave her friends reason to suppose that she was deficient in intellect. There did not exist any hereditary tendency to insanity or epilepsy in the family. The immediate cause of the attack was stated to have been inflammation of the brain, preceded by a fit of convulsions. From her previous history, it appeared, that since the age of eighteen months she had been subject to the occasional occurrence of these fits; that they first made their appearance in consequence of teething, and were of rather a severe nature. When admitted into Bethlehem Hospital, her conduct was violent and mischievous; striking those about her, tearing her clothes, and destroying everything within her reach. . . . Sixteen days after her admission, she was attacked with diarrhœa of a mild character, from which she recovered at the end of a few days. Soon afterwards a considerable improvement took place in her general behaviour, and she began to pay attention to the directions of one of the convalescent patients. . . . She still continued decidedly insane. She could not be induced to employ herself in any way, and was subject to violent and unaccountable outbursts of passion, in which she tore her clothes, and bit and scratched all who attempted to restrain her. After she had remained about six months in the hospital, she became much more docile, and began to employ herself in sewing, &c. From this time also, a marked improvement took place in her manner and conduct, until she was reported well, after having been about twenty months under treatment."

General paralysis may supervene upon mania. Hemiplegia is rare, and apoplexy seldom occurs under such circumstances. Abdominal and pulmonary affections are the more common physical complications.

Causes.—Among moral causes, may be enumerated anxiety, disappointed affections, jealousy, excessive joy from prosperity, &c., any intense mental emotion or strain on the intellectual powers, fright, ambition ungratified, wounded vanity or self-esteem. Among physical causes, hereditary predisposition, intemperance, dissipation, injuries of the head, fever, disappearance of a cutaneous eruption, erysipelas, retrocession of gout, suppression of the catamenia, parturition, lactation, abuse of mercury, &c.

Morbid anatomy.—If ever the pathology of insanity is to be made out, one might suppose that it would be, by examining the condition of the brain and its membranes, when we are fortunate enough to see this in the course of acute mania. It is rare that this opportunity is afforded us. In the interesting example of recent mania, (two weeks and ten days,) which I cited from Dr. Conolly, a post-mortem examination was made, and with the following result:—the blood vessels of the dura mater were slightly injected, there was a little serum at the base of the brain, the vessels of the pia mater were gorged, and in some portions of it there were patches of effused blood. The membrane could not be detached from the brain without injury of the cerebral substance; the grey substance was pink and mottled, the white substance much injected; the ventricles contained more serum than natural.*

In another fatal recent case, the brain was intensely injected, blood was effused in the arachnoid cavity, the cortical substance was scarlet and mottled, and the medullary substance pink. In a third, in which the patient had been acutely maniacal for three weeks, portions of the cortical substance were very soft, dark-coloured, with numerous red spots, the white substance vascular; there was effusion in the sac of the arachnoid. Of two cases of longer duration, namely, four months, one presented little alteration of the brain, the principal morbid change being effusion beneath the membranes and in the ventricles; while in the other, “the whole brain was much injected.” According to Foville, the grey substance of the brain is intensely red in acute mania, while it is hardened and adherent to the meninges in chronic cases. In 20 cases of uncomplicated mania, Calmeil found the skull thick, the dura mater injected; the pia mater dry, infil-

* *Lancet*, 1845.

trated, thickened and vascular; the grey substance rosy, yellowish, slate coloured, injected, hardened and shrunk; the white substance, firm, hardened, softened, vascular, mottled; the cerebellum injected, soft; the grey substance of the spinal cord, rosy, and considerable effusion in lateral ventricles and at the base of the brain.

PUERPERAL INSANITY.

In speaking of the causes of mania, parturition and lactation were mentioned among others. The excitement resulting from the puerperal state is so important, that it merits our special attention. It is a disorder which invades the sick chamber at a time when it is most acutely felt; nor is it of very rare occurrence. Thus, during five years, one-eighth of the females admitted into Bethlem, were the subjects of puerperal insanity (not mania only.) And at Salpetriere, a twelfth, and during some years a tenth of the admissions (female) were of the same nature. And in private practice, Esquirol met with a still higher proportion. It is a remarkable fact, however, as has been pointed out by Dr. Reid, that in lying-in hospitals the number of patients who are so attacked is very small. He states that at the General Lying-in Hospital, Westminster, in which they remain for three weeks after labour, out of 3,500 who were delivered there, only nine were afflicted with insanity. And the experience of several other large institutions was to the same effect. I do not observe that Dr. Reid offers any explanation. It might, perhaps, be most satisfactorily accounted for, in connection with the very favourable circumstances, (such as quiet, good nursing, and sufficient nourishment,) which surround the hospital patient, as compared with those of a patient of the same destitute class at her own home. Nor must it be overlooked that the absolute number of cases of puerperal insanity may be large, while, as compared with the enormous number of cases of labour, it may appear small. And, although it may seem extraordinary that in Esquirol's experience, patients of the higher class, among whom, quiet, good nursing, and sufficient food were not wanting, suffered more from this malady; it is not to be forgotten, that here these favourable circumstances may have been counterbalanced by others of an unfavourable description, more or less connected with luxurious living. The experience of the Salpetriere and of Bethlem Hospital is, I think, considerably above that of other asylums; in most of which, I believe, it will be found that the number of cases of insanity arising from pregnancy,

parturition and lactation, are from about one-fourteenth to one-twentieth of the females admitted.

It must not be supposed that mania is the only form of insanity which results from this condition of the system in women. On the contrary, melancholia, delusional forms of insanity, and even dementia may ensue. Mania, however, is undoubtedly the most frequent form of mental alienation. Of 57 cases under Dr. Burrows's care, 33 were maniacs; in 8, mania and melancholy alternated; and in 16, melancholia was the form of the disorder. Esquirol found that out of 92 cases, 49 were maniacs, 35 were monomaniacs, (including melancholiacs,) and 8 afforded examples of dementia. Of 19 cases in the Grove House Asylum, reported by Dr. Palmer, 15 were examples of mania, and only 4 of melancholia.*

This term, puerperal madness, is by different writers employed in a more or less comprehensive sense. It is frequently made to comprise: (1,) cases occurring during utero-gestation; (2,) those occurring within a short period (a fortnight or three weeks,) of parturition; and (3,) those arising during the period of lactation. But it is more especially intended to imply by this term, those cases referred to in the second class. And among these, a larger proportion of examples of mania exist, than when insanity develops itself in connection with lactation; then, melancholia is more generally manifested.

Of 92 cases collected by Esquirol,

16	became insane from the 1st to the 4th day.
21	“ “ 5th “ 15th “
17	“ “ 15th “ 60th “
19	“ “ 60th day to 1 year.
19	“ immediately after forced or voluntary weaning.

From which it will be seen, that upwards of 40 per cent. of the cases, occurred during the first fortnight after labour. Dr. Burrows thought the third and fourth day after confinement the most obnoxious to the invasion of this disease.

Of 66 cases reported by Dr. Macdonald, 29 became deranged within the first week after labour, and 15 during the next three weeks; that is, 44 cases during the first month. In the course of the second month, 5 cases occurred; and the general conclusion arrived at by this writer is, that “the proportion increases from day to day, as we approach the day of parturition, and diminishes as we depart from it.”†

**Psychological Journal*, Jan. 1848, p. 141.

† “Puerperal Insanity,” by James Macdonald, M.D., formerly Physician to the Bloomingdale Asylum. *Psych. Journal*, No. 4, p. 534-5.

The character of the mental disturbance in puerperal mania differs somewhat, but not in any very essential particulars, from that of mania arising from other causes. I think it is Dr. Gooch who makes the remark, that were any one conversant with mental maladies, to be introduced to a patient suffering from puerperal insanity, he would not be able to tell, without enquiry, that the case was of puerperal origin.

As Dr. Macdonald, however, observes, "in the acute form of the mania, which succeeds parturition, we observe an intensity of mental excitement, an excessive incoherence, a degree of fever, and above all, a disposition to mingle obscene words with the broken sentences; things which are rarely noted under other circumstances. It is true that in mania, modest women use words which in health are never permitted to issue from their lips, but in puerperal insanity, this is so common an occurrence, and is done in so gross a manner, that it early struck me as being characteristic."

Before the mental symptoms are fully developed, the patient becomes uncomfortable, peevish, and restless, and cannot sleep; the head aches, and there is an altered expression of countenance. The milk and lochia are frequently either diminished or suppressed, the tongue is white, and the pulse is accelerated, usually irritable in character rather than febrile. There is, however, a class of cases in which the pulse and other symptoms indicate an inflammatory condition of the system, and such cases are of a much more serious character. Dr. Burrows noticed them chiefly in connection with the secretion of milk, (on the fourth or fifth day.) Some of these are examples of phrenitis, and not properly of mania.*

"In the *acute* form or stage" observes Dr. Macdonald, "we shall find the pulse frequent, perhaps from 120 to 140, but feeble, like the pulse of a typhoid patient; in some cases, however, it may be full and strong; but these are exceptional cases which prove the rule. We shall find the head and surface generally hot, but it is not the heat of febrile excitement, and is sometimes accompanied by cold extremities; we shall find great jactitation and restlessness, perhaps subsultus, the tongue coated and foul, and sometimes dry, and red and brown, the bowels constipated, and all the secretions depraved. These are the leading symptoms of the acute stage. In

* Of 16,414 cases delivered at the Dublin Lying-in Hospital, three only are reported by Dr. Collins to have died of phrenitis.—(Reid.)

the *chronic* stage, there is an entire absence of all febrile, as well as inflammatory symptoms."†

As the patient attacked by puerperal madness, becomes more decidedly insane, "the talking is almost incessant, and generally on one particular subject, such as imaginary wrongs done to her by her dearest friends; a total negligence of, and often very strong aversion to her child and husband are evinced, explosions of anger occur with vociferations and violent gesticulations; and, although, the patient may have been remarkable previously for her correct, modest, demeanour, and attention to her religious duties, most awful oaths and imprecations are now uttered, and language used which astonishes her friends; the eye is wandering and unsteady, and the hearing most acute. The suicidal tendency is not uncommon, especially in the cases of melancholia; and it is important to recollect the fact in the treatment of such patients. In 111 cases of puerperal insanity at Bethlehem Hospital, 32 were affected by it."‡

The mortality from puerperal insanity, is not, on the whole large. Out of the 92 cases already referred to, only six died, and none within a period of less than six months after childbirth. Perfect recovery of the mental faculties follows in a large proportion of instances. Dr. Webster states as the results of his statistics, that "three in every five cases of puerperal insanity may be confidently expected to recover within a year." Two-thirds of Esquirol's cases were cured within the first six months after the commencement of the attack. Of Dr. Palmer's 19 cases, 14 had recovered after four months' treatment, and 2 were convalescent. Haslam reports, that 50 out of 85 were cured at Bethlem, but Dr. Burrows's success was not at the same rate; he cured 35 out of 57, of whom 28, or six-sevenths recovered within six months. At Bethlem, the largest number were cured during the fourth month. Eighty per cent. of Dr. Macdonald's cases recovered; out of 53 recoveries, 34 took place within the first six months of the attack. Brierre de Boismont asserts that cases of puerperal insanity, (exclusive of melancholia,) have recovered under his care, on an average, in about a week's time. He has always found refusal to take food a bad sign. But to the foregoing statistics of Burrows, Haslam, and Esquirol, it should be added, what Dr. Gooch and Dr. Prichard have observed, that they may not lead to a prognosis even sufficiently favourable, inasmuch as cases are not

† *Loc. cit.*, p. 537.

‡ Dr. Reid, *Psych. Journal*, Jan. 1848, p. 135.

usually admitted into asylums in a recent, and therefore the most curable stage of the disease. "Of the patients about whom" says Gooch, "I have been consulted, I know only two who are now, after many years, disordered in mind, and of them, one had already been so before her marriage."*

[In concluding these Lectures, it is proper to state that the treatment of mental diseases, and their relation to forensic medicine, (here omitted,) form a part of the course as delivered in the York school of medicine.]

Annual Reports of County Lunatic Asylums and Hospitals of the Insane in England and Wales. Published during the year 1856.

Although these annual pamphlets necessarily go over much the same ground time after time, they contain a variety of matter instructive to the alienist and to the statist, and interesting not merely to the professional philanthropist, but to all who feel an earnest interest in public measures taken to meet the ever-increasing demands of public suffering on the efforts of an advancing civilisation, to remedy the evils which attend its progress, follow in its train, and perhaps are caused, in no slight degree, by the pressure of its wheels. Yet civilization rides in triumph on no Juggernaut car, ruthlessly destroying, and guided by priests, reckless of the suffering humanity which welters crushed beneath. It recognises ever-increasing duties and cares; and as the poet had a tear of pity, even for the poor field mouse rendered houseless by the coulter of his plough, so true civilization sympathises with the pain, and binds the wounds of those who suffer in mind or body in the inevitable press of its onward progress.

This is eminently proved by the large and generous public expenditure incurred in the treatment of the insane poor, and by the general interest taken in the measures adopted for the alleviation of their miseries. But a few years ago insanity was swept into obscure holes and corners, to be out of sight, and, if possible, out of mind. To-day it has become a great interest. Hundreds of thousands are annually expended in the maintenance of public institutions for its treatment. Its interests are presided over by a Government

* Cited approvingly by Pritchard, in his *Treatise*, p. 309.

Commission, whose noble Chairman has acquired a reputation not less unique than distinguished, as the recognised protector of feeble and suffering humanity, whether in mills and ragged schools at home, or in benighted heathendom abroad. In every county it commands the disinterested attention of numerous country gentlemen, visiting and controlling the institutions appropriated to its use. Of these institutions, it may be truly said that, taken as a whole, they are a magnificent expression of the benevolence and public spirit of the age. In appearance many of them are truly palatial, and would seem to justify the lines of M. Scribe upon Bethlem :

“ A vos Fous il ne manque rien,
 Ils sont le plus heureux du monde ;
 En France ou les traite moins bien ;
 Chez nous portant l'espèce abonde ;
 Que j'aime ces ombrages frais !
 Si chez vous (cela m'intéresse,)
 La Folie habite un palais,
 Comment loge-t-on la Sagesse ? ”

The first report, in alphabetical order, is that of the *Bedford Asylum*, which, perhaps, comes as little near the idea of a lunatic palace as any institution of the kind within the limits of the four seas ; but the spirit of improvement is awake and stirring in the county. In our last notice we had the pleasure of recording the commencement of a new *régime* in this asylum, which had thrown over the old fears, and prejudices, and economies, which rendered the Bedford one of the small number of county asylums still adhering in practice and theory to the old system, which substituted force for treatment. The present report records a still further advance, in the resolution of the county magistrates to abandon the old and imperfect asylum, and to erect a new and commodious one on a new site.

The report of the visitors is occupied by the record of the formal proceedings needful to the dissolution of partnership between the counties of Bedford, Hertford, and Huntingdon, and the borough of Bedford, in the property and maintenance of the existing institution ; and in setting forth the terms of the agreement between the three counties for the joint erection of the new asylum.

The medical superintendent, Mr. Denne, refers with satisfaction to the results of increased occupation of the patients in agriculture, building, and trades ; to the “ removal of the prison-like division walls of the airing courts ; ” to “ a night-watch organised on both sides of the house, and the numerous

advantages derived from that source." He refers in the following judicious terms to one of the most onerous and important of a superintendent's duties :

"The choice of attendants being one of the most important duties in the management of an asylum, our best attentions have been directed to that point; always looking to high moral standing, a certain amount of education, added to firmness of purpose, combined with benevolence; so as to enable them to lead with calmness, control by kindness, and amuse with cheerfulness. And it affords me pleasure to state that their duties in general, have been diligently and efficiently performed."

He says that "every available opportunity for recreation beyond the bounds of the asylum has been taken advantage of, such as the regatta, races," &c. ; and that unbounded expressions of gratitude from the patients have been elicited by the privilege of taking country walks, a privilege which in not a single instance has been abused by the slightest indecorum. Another indication of the enterprise and intelligence which distinguish the new management of this asylum, is afforded in the formation of a brass band among the attendants, which is likely to be attended with much good as a diversion to the patients, and a break in the monotony of asylum life."

The report of the chaplain has puzzled us a little, as the medical opinions of clerical gentlemen are rather apt to do. He remarks "that the number of burials in the cemetery of the asylum has been unusually large, which I conceive is attributable to the fatality of the season, because the number of sickly patients has appeared to me to be fewer than usual." It certainly is very kind of the Rev. Mr. Swan to give the medical superintendent the benefit of the fatality of the season, in explanation of the increased number of burials taking place from a smaller proportion of sickly patients; but would it not have been in better taste if the clerical gentleman had confined his observations to matters more immediately connected with his own duties? We feel ourselves the more compelled to throw out this suggestion because Mr. Swan expresses his opinion, "that when a new asylum shall be built, and new arrangements made, a resident chaplain would be a great advantage to the institution, especially if one could be found uniting to other qualifications a competent knowledge of Church music." Mr. Swan had in the previous paragraphs pretty clearly announced his own proficiency in this qualification which he considers so essential for an asylum chaplain; and he had stated that the chanting and singing were greatly improved, the Church tunes well selected, and the

apparent excitement of the patients thereby prevented. We cannot concur, however, in the pre-eminent importance which he attaches to this pleasing part of the Church of England ceremonial. And as Mr. Swan designates clergymen as "ministers," it is scarcely probable that he is an upholder of the "Gregorian Chants," and the "Hymnal Noted." We trust that if the visiting justices adopt his suggestion, and, in opposition to the opinion and practice of the visitors in every other county in the kingdom except one, should appoint a resident chaplain to their new asylum, that that officer will have far higher clerical qualifications than "a competent knowledge of Church music," qualifications which Mr. Swan himself doubtless possesses.

Bethlem Hospital.—The report of this royal, ancient, and wealthy institution, is, as usual, both interesting and suggestive. Dr. Hood states, that of the patients admitted "the education was superior in 28, good in 45, and moderate in 122; in other words, we find that 195 persons were admitted who could appreciate being spared the additional pain of being associated with those who had never enjoyed the refining influence of education, and for whom such ample accommodation is provided, free of cost, by every county." Dr. Hood has urged upon the governors of Bethlem the desirability of reserving the benefits of that institution for the insane poor of the educated classes. We have recently been informed that he has at length succeeded in his laudable efforts, and that the wards of Bethlem are no longer to be made use of by the parsimonious authorities of metropolitan parishes as a sort of gratuitous appendage to the county asylums. An asylum for the poor, but not pauper insane of the educated classes, is urgently needed; and we are truly happy to find that the resources of Bethlem are at length to be applied to the supply of this great social want. We trust that the benefit thus conferred upon the middle classes will be made cosmopolitan, and not metropolitan. At present Dr. Hood says, that of 215 admissions 195 were from London and its immediate neighbourhood. It is to be regretted that the benefits of this wealthy institution—wealthy from public grants—have not been made more available to the use of the general population of the country. Bethlem Hospital belongs little less to the country at large, than Greenwich or Chelsea Hospital; and it is earnestly to be hoped that in their new regulations the governors will bear in mind the wants and the interests of the middle class insane residing beyond the bills of mortality. If, as Dr. Hood seems to think, the re-

sources of the friends of patients sent to Bethlem are commonly so small that the expenses of a short railway journey cannot be met by them, surely, out of the magnificent income of the hospital, some moderate sum might be set apart to assist in defraying such expenses. But whether this is done or not, there can be no doubt that facilities should be offered for the admission of patients coming from distant parts of the country, without the intervention of local influence.

Dr. Hood is a warm advocate of the convenient situation of the hospital, and shews a strong disposition to break a lance with those who differ from him in this opinion. "Much has been said by those who consider that every lunatic asylum ought to be surrounded by ploughed fields and green lanes, and much that has been said might very well have been spared." We believe that the Commissioners in Lunacy have expressed this opinion more earnestly and pertinaciously than any one else has done. They have dwelt upon it year after year to the governors of the sister hospital of St. Luke's. The answer of the St. Luke's governors is, that their hospital is held upon terms by which the property is forfeited when its use as an asylum is discontinued, and that their funds are insufficient to bear this loss, and the expenses of establishing a new asylum in a more suitable situation. Neither of these objections can be urged by the governors of Bethlem, who may, if they think fit, sell their present building for any suitable purpose, and whose income last year amounted to the gross sum of £32,366 9s. 2d. Dr. Hood's arguments against a country site for the hospital are open to dispute. 1. He thinks that patients would be "quite unable to bear the expense of a journey to a *distant* asylum." But a distant asylum has never been recommended, and a railway fare of a few miles into the country costs less than a cab fare from Islington or Brompton to Bethlem. 2. "The institution is to be regarded in the light of a hospital rather than as an asylum; nor must we exaggerate the beneficial influence of country air and scenery in restoring a disordered reason, and forget how very much successful treatment depends upon resources, especially of a *moral* nature, which may be carried out as effectually in London as in any other place." There is, however, this difference between this hospital and a general hospital, that the patients belonging to the former can be taken half a dozen miles by railway without detriment to themselves or others; whereas, to a patient being carried to a general hospital with crushed limbs or

bleeding arteries, the length of a street more or less, may make the difference of life or death. Moreover, there are few alienist physicians who will admit that the moral resources of treatment can be carried out as effectually in London as in any other place. The most important resource of moral treatment is that of healthy occupation and employment. Turning to table 17, what do we find the returns of employment for the men confined in Bethlem Hospital? Exclusive of household work, that is, bed making, &c., which can scarcely be permitted to count, and of reading, writing, &c., which partakes more of the character of recreation, we find only 27 men employed, and of these only 15 are employed in out of door work.

There is, however, another moral influence efficient in the treatment of insanity, and with the power of which few men are more deeply impressed than Dr. Hood himself, namely, that of "efforts to counteract the monotony of confinement and the irksomeness of restraint." Dr. Hood reports that "flowers, birds, and pictures, have by the liberality of the governors, and the generosity of friends, been abundantly scattered throughout the wards. These trifles, as they may appear on paper, have undoubtedly a genial influence on the mind and temper of the patient; the attention may often be arrested by the sight of a picture or the song of a bird, and the mind for a moment forget to prey upon itself." If a few caged pigeons and captured linnets are more able to interest the patients at Bethlem, than to remind them of their own loss of liberty, what interest would not these patients derive from hearing the free songs of the lark and the blackbird, when he sings his best in the hawthorn tree.

"O blackbird, sing me something well,"

may in vain be asked of the poor captive where there are

"No smooth plots of fruitful ground,

Where he may warble, eat, and dwell."

But in the country, the music of God's free choristers, may perhaps touch the heart even of a poor lunatic; while in the wards of a town girt mad-house, the most elaborate thrill of the most accomplished bullfinch may strike upon the ear of the half-reasoning, half-sympathising inmates, like the cuckoo note of Sterne's starling, "I can't get out; I can't get out."

If "birds, flowers, and pictures," influence beneficially and genially the mind and temper of the patient in the corridors of the hospital in Lambeth Marsh, what rich and fruitful influences might not be expected from the garden

and the field, from the rich meadow and the cheerful hill side, from the domestic animals with whom even madmen form friendships, and from the free creatures who afford him delight. If a picture, a mere "shadow limping behind the substance," can give pleasure to the mind distraught, how much more may be expected from an hourly intimacy with the bounteous and beautiful forms of nature. Nor do we rest upon surmise and the force of Dr. Hood's arguments, carried to their legitimate conclusions. It is known that insane persons derive the utmost pleasure and benefit from freedom and country air. We are happy to see that although Dr. Hood defends the present situation of Bethlem, he does so on principles which leave us reasonable grounds to hope that he will yet entertain different opinions, and become an equally earnest advocate for its removal into the country. We are assured that in the meantime he will employ the reflected influences of country life, with an earnestness and skill which will leave the want of the reality to be as little regretted as possible.

Dr. Hood's most forcible argument is derived from the success of the treatment at Bethlem. "The result of this year's tables will also support our predilection to our metropolitan situation; for, it is not easy to believe, for the reasons above stated, that we should restore more than 62 per cent. of our patients to the blessing of a sound mind, if we were transported to some rural district." This, however, is a matter open to difference of opinion. When it is borne in mind that all cases supposed to be incurable, are debarred from admission into Bethlem, and that the patients who are admitted, are for the most part taken from the social classes above the lowest and the poorest, it is possible, in our opinion, that if 62 per cent. are cured in an institution near to the site of the old Marshalsea, whose atmospheric influences have recently been so well described by the great word painter of London scenery, it is possible, we think, that under Dr. Hood's skilful and humane treatment, more than 62 per cent. might be cured in some rural district; and, moreover, that cures might prove to be more speedy, complete, and pleasant than they at present are. It is possible that Dr. Hood might not only be able to cure more patients, but also to cure them with closer adherence to the therapeutic aphorism *tutó cito et jucundé*. Dr. Hood may well be excused for not seeing defects in the noble institution, whose existing resources he has himself developed so fully.

We observe in the very next report, which falls under our notice in alphabetical order, that of the *Birmingham Borough Asylum*, that of the pauper patients, 40 per cent. were cured; and of the private patients, that is, those who resembled in social position the inmates of Bethlem, those discharged cured, and those discharged convalescent, and who speedily advanced to complete recovery, amounted to 76 per cent. On this subject, Mr. Green remarks:—

“It is worthy of inquiry to what cause this great difference in the curability of the two classes is to be attributed, there being nothing in their relative social position, in their habits or occupations, fully to account for it. Doubtless it is owing to the one class being sent to the asylum at a much earlier period of the malady than the other. With paupers, and more so with those who are not strictly paupers, but who for want of adequate means are obliged to seek admission to the asylum through the medium of the parish, many obstacles occur to cause delay; and this delay is always increased in the Birmingham parish by the uniform practice of sending these patients to the workhouse in the first instance. I have repeatedly protested against this practice, and have pointed out its evil effects; but as yet in vain. Take one case in illustration: in Birmingham, insanity is often brought on by fluctuations in trade—by a state of depression succeeding a period of prosperity. A working man, or little tradesman, hitherto in flourishing circumstances, suddenly finds his means so far curtailed, that he is compelled to resort to his hard earned savings, which are soon exhausted. With the fear of poverty ever before him, he broods over his altered prospects—it may be that he takes to drink, which hastens the catastrophe; finally the mind gives way, and he is a lunatic. This is no imaginary or uncommon case, and I ask what can be worse than to send such a man to the very place, the dread of which has been the cause of his malady.”

Mr. Green records the amusement and benefit derived from a course of lectures on popular subjects, “Combustion,” “The Atmosphere,” “The Discoveries of Layard,” &c. He refers to “a surgical disease caused by the patient’s self violence, in which restraint was needed to prevent further mischief,” and to the successful use of a slight inhalation of chloroform, to overcome resistance against taking food. The wards of this well-conducted asylum have been opened to the medical profession; but only a few gentlemen have hitherto taken advantage of this valuable privilege of acquiring a knowledge of the nature and treatment of mental disease.

The Birmingham, like the Bedford visitors, publish the report of their chaplain. It is earnest, devout, and well expressed. The key note is struck in the following sentence:

“There appears to be no doubt as to the soothing effect which the religious services have upon the patients generally. Without entering into details, perhaps I may be allowed to say, that it has been my happiness to be assured, in several cases, especially of patients who have recovered and left the asylum, that they have derived much spiritual benefit and consolation from their attendance upon the means of grace provided for them while in the asylum.

The report of the *Buckinghamshire Asylum* published last year reads strangely, after the events which have since taken place. It is signed by Mr. Carrington as chairman of the visitors, and by Mr. Millar as medical superintendent. The visitors condemn Mr. Price's system of heating, on account of "an undue consumption of coals, caused by the defective construction of the boilers." They were confirmed in this opinion by the result of an investigation made into the use of Mr. Price's apparatus at Colney Hatch, where a temperature of 60 degrees is obtained during the winter. It appears, however, that there are in each gallery three open fire-places of large size, each consuming not less than a half hundred weight of coal per day. It was indeed represented that these fires were in use for the sake of cheerfulness only; but the sub-committee think it most improbable that so large an amount of fuel should be sanctioned for this minor end.

The committee, in a special report, communicate to the magistracy of their county the satisfactory information, that the great difficulties arising from deficiency of water were likely to be terminated, by the discovery of a water bed of sand, which "will always contain a sufficient store of water for the purposes of this asylum. The elucidation of this point, which will enable the court to deal with this subject, is entirely due to Mr. Millar, and gives a great superiority to the result of his researches, as compared with those of others." Mr. Millar attributes the origin of parochial dissatisfaction with the cost of the maintenance of lunatics in asylums to the amount of poor rate, which presses heavily upon the ratepayers of small parishes which have several insane poor to support; and he thinks that a remedy would be found, "were the cost of maintenance paid out of some common fund or rate." We certainly entertain a strong conviction that the present mode of levying the maintenance rate is not equitable, inasmuch as it leaves parishes who have no lunatic poor in the asylum free of any charge whatsoever in its maintenance. Surely, the system which has been adopted as the most equitable in the case of Unions, ought to be applied to Asylums, institutions as entirely devoted to carrying out the administration of poor-law relief as the Unions themselves. The maintenance of a staff, and the general expenses of an Asylum, ought to be charged upon the common fund of the Unions, while the individual parishes ought only to be called upon to pay for the actual cost of

any patients they may have in the asylum to the extent of food and clothing.

In the *Chester Asylum*, "the dry rot has been discovered in the flooring of several of the wards, and the additional expense incurred thereby is considerable." Additional land has been rented at £8 per acre, for the employment of the patients. The asylum being full, thirty patients, of a harmless chronic character, were removed to the workhouses or unions. At the same time, the visitors have entered into an agreement with the Chester town council, "to receive the city patients at a remunerative rate of 14s. per head per week, such agreement to be terminable with six months notice." The removal of chronic and so-called harmless patients to Union houses has not, in our own experience, been attended with any important service to the parishes, and certainly it has, in many instances, been most injurious to the condition of the patients. Since the general establishment of county asylums, it has been found that Union houses less than ever, afford even a quiet retreat for so-called harmless lunatics. Even the masters and matrons of Union houses have discovered the comfort it is to have their wards clear of insane people; and economic guardians who desire to locate dirty and demented patients in the pauper's home, find little cordial assistance even at the hands of their own officers. The sane inmates of the Union do their best not to comfort and tranquillize the insane who are thrust into their society, but to find or to make occasions for complaint; and it rarely happens, that a patient really insane, however harmless he may have been in an Asylum, does not become unhappy, excited, and more or less troublesome and dangerous in no long time after he has been transferred to an Union house. Notwithstanding the justices of the Chester asylum have discharged 30 uncured patients to be removed to Union houses, in order that the city patients of Chester might be admitted into the asylum, we find that Mr. Brushfield, their medical superintendent, expresses views in accordance with our own on this subject.

"It is true that patients may be from time to time removed to the workhouses; but with some few exceptions, these latter institutions are not, as at present constituted, fitting places for the insane. In several instances where patients after having been quiet and harmless for many months, or even years, in the asylum, have been removed to the workhouse, they have, in the course of a short time, been sent back to the asylum as "dangerous" either to themselves or to others, or to both."

Mr. Symes, the medical superintendent of the *Dorset County Asylum*, complains of the constant inaccuracy of

admission papers, after a circular on this subject, addressed to relieving officers and overseers; he says, "it is even now a very rare instance where some portion or other of the form has not to be materially altered." At this length of time after the passing of the asylum act, this negligence is inexcusable. It is not often the fault of the relieving officer, however, there being few magistrates who choose to sign the order for admission unless the form has been filled up by the clerk to the petty sessions, who receives a fee varying from seven and sixpence to a guinea for the trouble. These fees ought to be disallowed, when the small amount of attention necessary to the accurate filling up of the forms has not been given.

Mr. Symes does not encourage the visitation of patients by their friends, and as a rule, we have no doubt that the practice he adopts in this respect tends to the advantage and tranquillity of his patients.

"The visits of friends, in several instances, have been obliged to be refused, in consequence of the injury likely to be caused. In many cases the mere removal of a patient from his home is of the greatest benefit, and the untoward visit of a relative or friend tends immediately to recal old associations, and cause a recurrence of the attack. The reason of refusal is always explained, with the intimation that it is generally best to write and ask for admittance, thus preventing the possibility of disappointment. As a general rule, I always advise that patients should not be visited under a month or six weeks after admission."

While encouraging industrial employment, and causing all the clothes to be made in the establishment, he disapproves of fancy work; "for how little worth is it in a poor person's cottage; in several instances it has been lamentable to find that the patients could not cut out or make any part of their own garments, yet were proficient in [fancy] knitting and crotchet!" With the same forethought for the habits of the patients after discharge, he throws a doubt upon the propriety of allowing them to dance and to play at cards.

"Dancing occasionally seems a very favourite amusement, but there is great doubt as to the propriety of its being encouraged, for if indulged in their own homes, how frequently does it lead to dissipation! and the same remarks would apply to cards, more than to other games, such as draughts, chess, &c."

We are convinced that there is sound wisdom in these opinions, and that they indicate no over scrupulous or meddling interference with the manners of the poor. If the chaplain of the Birmingham Asylum justly prides himself, that through his instrumentality the patients who have left that institution cured, have left it also with an increased knowledge of religion and feelings of piety, surely

it is a little matter that the superintendent should use precautions that his patients, while in the asylum, acquire no habits which may possibly injure their moral position. On these grounds, we think that although an occasional ball is an useful and unobjectionable means of breaking the monotony of asylum life, frequent dances, which are in use in some county asylums, are likely to give rise to a passion for that amusement among young women of the lower classes, whom after discharge it may lead to the public-house dancing rooms, which have recently become so common. We have been assured that this is no speculative objection to the weekly dances which take place in some asylums, but that the evil pointed out does actually exist. Dancing is an agreeable amusement, unobjectionable enough so long as it is indulged in, in moderation; but that young women are apt to become passionately fond of it, and to follow it to dissipation, is a fact which ought not to be forgotten by medical superintendents. Card playing in lunatic asylums has still less to be said in its favour, for it does no good even in the asylum itself, and its practice gives rise to a passion which, if carried home by discharged patients, will be detrimental to themselves and discreditable to the institution where it was acquired. These objections do not apply to out-of-door games and games of skill; but even these ought to be used with judgment and moderation, otherwise they lose their influence as a source of recreation.

Mr. Symes records a case of suicide which deserves to be mentioned here, as affording an example that some amount of danger does attend the access of patients to tools.

"There had never been any previous tendency to suicide exhibited. Not being very well, he was directed to lie down for an hour; he rose and took his dinner, and appeared better; shortly afterwards he walked through the dining room, and into the shoemaker's shop, where he seized a knife, and with one blow severed the carotid artery; he died in two minutes."

The report of the *Derby County Asylum*, by the accomplished physician superintendent," Dr. Hitchman, President of our Association, is as usual full of instruction and interest. It contains an inquiry into the effect of seasons on insanity, from which it appears that the largest number of admissions (fifteen,) occurred in May, and the smallest number (four,) occurred in November. The observations, however, are too limited to afford a trustworthy statistical basis. A large number of the admissions were reported to be suicidal, and "two of the men had made incisions into their throats." On the treatment of these cases, Dr. Hitchman observes:

"Several had attempted strangulation by hanging, others by drowning, and one female had made a desperate effort to destroy life by beating her head with a hammer. In many of these cases great relief was obtained by Battley's sedative solution of opium, prescribed in large doses, and repeated twice or thrice a day, according to circumstances. This fact has been mentioned in former Reports, but its great value justifies a repetition of the statement. Anything which can add to the safety of these sufferers, and mitigate the anxiety which their care involves upon the physician and attendants, must be an acceptable boon; but the above remedy does more than this—it acts specifically in many cases, reducing the cerebral irritation, restoring the appetite and procuring sleep. In every case where the patient has been agitated by an overwhelming sense of fear, the steady use of this anodyne has been advantageous. It is almost superfluous to add, that any existing corporeal disorder will require its special treatment, and that a mere empirical use of the above remedy, without attention to accompanying symptoms, would be productive of disappointment and mischief."

We entirely concur in the advantages to be derived from the system of treatment here recommended, especially in cases unattended by heat of the head and other symptoms of cerebral congestion. In cases attended with symptoms of cerebral congestion, we prefer leeches to the temples, followed by warm bathing and cold applications to the shaven scalp. The use of large doses of opium has in more than one instance appeared to us instrumental in accelerating a sudden and fatal exhaustion of the powers of life. It is impossible to say that this exhaustion would not have come on had the opium not been administered; and indeed death from sudden exhaustion is well known to take place occasionally in acute cases of mania and melancholia, from the effects of the disease alone. It seems, however, probable that large, or even moderate doses of opium, when they fail in producing their narcotic effect, are likely to produce a sedative effect, which may accelerate the exhaustion of the powers. In the last case, which came under our own notice, a woman affected with suicidal mania took only four doses of two drachms each of *Tr. Opii* during forty-eight hours. No narcotic effect was produced; and about eight hours after the administration of the last dose death occurred from syncope. A strong impression exists in our mind, that considerable doses of opium in the treatment of insanity are liable to this objection. The benefit, however, derived from its use, is so great that the fear of such an occurrence in rare cases ought no more to forbid its employment, than an occasional death from chloroform ought to forbid the use of that anesthetic. The possibility, however, of such an occurrence ought to make us extremely watchful of the state of the pulse and the temperature of the body of insane patients who are under treatment by large doses of opium.

If the pulse becomes feeble, and the temperature of the skin begins to fall, diffusible stimulants should be substituted for the narcotic without delay.

Truly does Dr. Hitchman describe the intense anxiety produced by the care and treatment of suicidal patients.

"No circumstance in the retrospect of the past year brings greater consolation to your Physician than the fact that none of these unfortunate beings have consummated their purpose. Many weeks of painful watchings, many hours of anxious suspense, which cannot be described, have been passed to secure this fortunate result. These cases are the most distressing that fall under the care of the psychopathic physician, for no moment is wholly free from alarm—ere the ink dries which gratefully records this result, an incident may transpire to cloud the pages of a future report. It is, however, among the bright results of that treatment which Charlesworth and Hill conceived, and which the genius of a Conolly espoused and confirmed, that it tends to diminish the suicidal impulse, by removing the sense of degradation which restraints involve, and by surrounding the patients with cheerful influences, and bringing them more completely under medical control. Still, week after week, month after month, some of these grief-smitten persons struggle to terminate an existence, which is to them, in very truth, a prolonged anguish. No pen can describe the wretchedness of such patients; there is no sorrow like unto their sorrow, for their morbid imaginations paint the woe which to them is most woeful, and no appeal to external circumstances can dispel the vision."

Dr. Hitchman concludes his report with the following judicious remarks upon the intimate connection between the humane and scientific treatment of the insane, and the full recognition of the material and physiological origin of insanity.

"It is only in proportion as science has comprehended the nature of insanity, and by its teachings illumined the mind of the public, that anything like tenderness has been manifested towards the insane. So long as insanity was regarded as purely spiritual in its character, as a malady wholly independent of the material organization, the patient was subjected to a treatment at once cruel, inhuman, and destructive. The Christian charity which bestowed sympathy and solace upon almost every woe, turned aside from the poor lunatic or assented to his chains. Even now, public opinion is but slowly recognising the fact that the brain is the instrument of the mind, and that as a material structure it is liable to disorder and decay. Practically, indeed, the truth is ignored by the greater part of mankind. What has been achieved, has been done by a few individuals, who have struggled (under much obloquy, and more ridicule) to impress this great truth, with all its concomitant results, upon the mind and the conscience of the world. Whenever the public mind shall comprehend this truth in all its fulness, then, and not till then, will the insane be placed in a position to gain all the good, which medical science has the power to bestow upon their respective maladies."

The report of the Superintendent of the *Deron County Lunatic Asylum*, contains the following account of a novel attempt which has been made to relieve the over-crowded wards. The experiment has proved successful to the limited extent to which it has been tried. The continued increase of patients, however, made some more comprehensive scheme needful; and, during the past year, the plan referred

to, below, has been superseded by the Visitors of the Devon asylum, having rented a commodious mansion on the sea coast as a Branch Asylum, to which the chronic patients referred to below, are draughted.

"The accumulation of chronic cases, in this and in every other county asylum, is so serious and emergent that every effort and justifiable expedient is required to meet its pressure. The experience of past years has proved that some patients who are perfectly reasonable when under the surveillance and the gentle discipline exercised in an asylum, become decidedly insane upon their discharge. There are other patients who are always insane, but whose degree of insanity is so slight that perpetual residence within the boundaries of an asylum is by no means needful, if they can be advantageously placed elsewhere. Experience has amply proved that if these patients are immediately discharged, various unfavourable influences are almost certain to occasion a rapid aggravation of their malady. In regard to a few such persons, the powers given by the 72nd section of "The Lunatic Asylums Act" have been put in force, and they have been discharged on trial, and boarded with neighbouring cottagers selected as trustworthy and suitable persons. In several instances the women of these cottages have acquired some experience in the right management of the insane. Some of them have been employed as occasional attendants in the wards of this asylum; and others, having been attendants or domestics in the asylum, have married asylum artizans, or other persons living near. This experience has made them willing to accept, and qualified to undertake, the charge of such inmates in their houses. Both the patients and the persons having charge of them feel themselves under the eye of the medical superintendent, who visits them unexpectedly. The plan promises to work well. The patients are happy, and extremely well satisfied with the arrangement. In one instance maniacal excitement came on. The superintendent was informed of it, and the patient was re-admitted into the asylum without the slightest delay, formality, or expense. Had this patient been positively discharged, her re-admission could not have taken place without trouble and expense. The system of combining the domestic care of the insane in the cottages of a rural population, with the superintendence of medical officers, has for centuries been in operation at the lunatic village of Gheel, in Belgium. For the great majority of cases of insanity it is doubtless much inferior to the English asylum system; but as an auxiliary to the latter, for selected cases, it appears to be well worthy of a careful and impartial trial."

The Report of the *North Wales Asylum*, at Denbigh, contains a highly satisfactory account of that institution. Fourteen additional acres of land had been occupied at the moderate annual rental of £2 per acre. A correspondence is published between the Visitors and Mr. Braidwood of extinguishing notoriety, in which the latter gentleman, mentions that "we have had a great many fires in the drying closets of lunatic asylums here, but very rarely in any other part of the buildings. Drying closets can hardly be made tolerably safe, except at a most extravagant expense; and, therefore, the cheapest plan is to place them by themselves, and if they are burned out, there is no great harm done."

Dr. Lloyd Williams and Mr. Jones strongly recommend the substitution of wood flooring for the tile flooring, which is falling into decay, and which is very injurious to the

health and comfort of the patients, on account of its coldness and dampness.

In Dr. Campbell's report of the *Essex Asylum*, the causes of insanity are referred to at some length. He regrets that hereditary pre-disposition should be so recklessly transmitted, and that no attempt should be made to mitigate the evil of imprudent marriages between persons liable to mental disease by a moral and physical education of the offspring, calculated to obviate their inherited tendencies. The intemperance which causes insanity, he refers to want, and to the wretched condition of the habitations of the poor. In these views he is diametrically opposed to the opinions entertained by Mr. Cleaton, of the South Lancashire asylum, who proves, that in that district, the number of patients who become insane from intemperance, is greatest when wages are high and work abundant, and the means of intemperance most accessible. We believe that both views are correct. One man flies to the bottle for one cause, another for the opposite. Temptations to drunkenness are various; but, among the most frequent, are wretchedness on one hand, and undisciplined, ignorant abundance on the other. Full or empty, employed or idle, in town or country, the low-born Englishman who has never been taught to deny himself, or to respect himself, will never be temperate, whatever his condition, "I'll warrant he'll find an excuse for the glass."

"Next to hereditary predisposition, the most frequent cause of the disease has been intemperance and want, caused in many cases, I fear, from the very low amount of wages paid to agricultural labourers in some districts of the county, and the very high price of provisions of all kinds, rendering it impossible for them properly to support their families, and thus causing them much anxiety and grief. I agree fully with the late talented physician to the Glasgow Royal Asylum, when he writes—"A pretty extensive observation of the different grades of the working classes for many years has convinced me that want and intemperance go hand in hand; whenever a man falls below a certain point in physical comfort he becomes reckless, and sensual enjoyment forms his only pleasure."

"I am strongly inclined to believe that this intemperance is also owing in a large degree to the manner in which the lower orders of the people are frequently crowded together in dwellings and lodging-houses, totally devoid of all the common conveniences of civilized life. It has been asserted that in many of the cottages of the poor there is but one day and one sleeping-room for the whole family. The effect of this upon the morals of their inmates may easily be judged. Cleanliness and comfort are sought for in vain in these abodes of penury. It is all but impossible to secure them, and thus the great ties that bind men to their homes and families, the bonds of union and happiness, are readily severed. The father and his sons, wearied with the labours of the day, and needing repose for the body and quiet or amusement for the mind, are driven almost of necessity to seek by the glowing fire-side of the beer-shop the comfort which is denied them at home. They then retire to their crowded and miserable dwellings for the night, in many instances excited or stupid with drink,

the full grown youths in the same room with sisters or with father or mother. The result of this must be of necessity to break down all the barriers of decency and modesty, the safeguards of morality, and prepare the way for a ready lapse into criminal and abandoned life. The mind becomes habituated to scenes of sin, the sanctities of home are weakened and dissolved, and drunkenness and profligacy become the habits of their lives. Till something is done to improve the lodgings of the poor, they will continue every year to draw largely from the funds of the industrious portion of the community, by supplying patients to asylums and prisoners to gaols."

Dr. Campbell "has much pleasure in bearing testimony to the great benefits which have resulted from the admission of private patients, of a class just above pauperism." "No class of insane sufferers have a juster claim on the compassion and sympathies of mankind." We trust that this plan will continue to work favourably. The admission of paying patients into the wards of pauper asylums, has not been attended with satisfactory results elsewhere; but if patients who are not proper objects of charity can be excluded, and if the requirements of the non-pauper patients can be satisfied without giving rise to discontent among their pauper associates, we can well believe that the system will be productive of great benefit. It has, however, been stated in a former page that the ample funds of Bethlem hospital are about to be exclusively devoted to the relief of the class of persons here referred to. If economically administered, these funds will support a very large number of such persons, especially if the governors of Bethlem permit the friends of the patients to contribute towards their support. If this plan is carried out at Bethlem on a broad and liberal scale of admission, it is probable that it will relieve the Visitors of the Essex asylum from the necessity of admitting non-pauper patients, of small means, into their wards.

Dr. Campbell thus enunciates the right view of agricultural employment in lunatic asylums.

"The principle I have always kept in view is that the ground was procured for the advantage of the patients, and never to allow what was intended for healthy exercise to become a task, believing that the truest profit to the institution and to the county is not the amount of labour accomplished, but the progress that has been made in forwarding the recovery of the patients."

The report of the visitors of the *Gloucester County Asylum* gives great credit to the officers of the institution for the quiet and contentment the "general air of openness and confidence" among the patients, which have been maintained, notwithstanding peculiar difficulties of management arising from a deficient supply of water, and the employment of a number of artisans in the erection of new

buildings. The visitors have been compelled to close the doors to fresh admissions on the female side, but the house has again been opened to receive a limited number of male patients. "The commencement of the new offices which were sanctioned by the Easter board of Quarter Sessions, was delayed, first, by difficulties with the Commissioners in Lunacy, and afterwards no contractor having been found, willing to tender for the completion of the works." These difficulties having been surmounted, the works were commenced in September, but even their completion will have to be followed by other and considerable additions, for which the visitors have not, as yet, matured a scheme.

In the report of the *Hants County Asylum*, Dr. Manley goes still further in objecting to the mischievous and too prevalent error that hard work is one of the best remedies for insanity.

"The employment of patients is carried out as far as it can be consistently with the objects of an hospital. Insanity is itself a most wasting disorder, and in many instances causes great wear and tear of the system. In the acute stages of the disease when active congestions are constantly taking place and in debilitated constitutions, the wary physician would rather court quiet for his patient, than allow him to undergo fatigue."

Dr. Manley also reports one of the rare instances in which an asylum physician educated in the non-restraint school, finds himself compelled by the urgency of circumstances to deviate from his rule of conduct.

"The only accident that has happened in the house, during the past twelve months, occurred to a patient of this class, an unfortunate woman, who entirely destroyed her eyesight whilst labouring under a fit of despondency. In this instance personal restraint was subsequently employed for a short period; the patient having had her hands loosely tied to the bedstead, but she has never since been left unwatched, even for a moment."

The Visitors call the attention of the magistracy to the neglect by the medical officers of unions of the visitation of pauper lunatics, a neglect, which we believe to be nearly general, and which renders the provisions of the statute for the visitation of pauper lunatics, not in asylums, a dead letter.

"Your committee wish to mention to the court, in order to call the attention of the medical officers of the different unions within the county to the subject, that the 16 sec. of the 16 and 17 Vic. c. 97, renders it imperative upon all union medical officers, under a penalty of £20 in case of neglect, to visit quarterly all pauper lunatics within their respective districts, not in an asylum, registered or licensed house, and report to the visitors and commissioners in lunacy, through the clerks of the unions, the condition and care taken of them, receiving a fee for the performance of such duty. Your committee regret to state that this important obligation, in the majority of the unions, is very imperfectly performed."

Dr. Huxley, in the report of the *Kent Asylum*, gives a

judicious and very needful hint respecting the selection of proper cases to be sent to asylums.

"I think greater care might be exercised by parish authorities in estimating the real necessity which may exist for sending to an asylum persons merely displaying the signs of decay and derangement of mind in the close of life. A just discrimination would seem proper between the violent and troublesome conduct with dirty habits of such patients, and those of younger persons in whom such symptoms are truly characteristic of disease demanding special treatment for the common safety and its own cure."

Dr. Huxley's report is always interesting from its ability, and from the peculiarity of his views on the use of restraint. He has never condescended to advocate the use of restraint, on the low motives of economy, which have, without shame, been urged in other quarters in its defence. He has, on the other hand, always argued that in rare and exceptional cases, its use is not only defensible, but preferable to other means of preventing serious mischief, as the least of two evils, considered on medical grounds alone. Dr. Huxley's candour, high character, and great experience, render his opinion on this subject worthy of earnest attention. He reports three instances of restraint. The two first were of a slight nature, and for surgical cases, in which restraint is sometimes without question imperatively needful. The third case was one by which Dr. Huxley has been "for the first time driven to overstep a boundary line of principle which he had felt confident never to cross." "Until the occurrence of this case, I had always believed and held, restraint on the person could only be necessary in a case of surgical injury, or for strictly medical purposes, or in a certain small number of cases, to arrest all attempts at self-injury." The account given of "this very exceptional case," is as follows.

"This man's conduct, from January 1 to February 19, was an almost unbroken series, daily repeated, of violent assaults, knockings down, kickings, &c., of attendants and fellow-patients. His morbid impression was, as he expressed it, "if he could only kill some one, he should get through it."

"Previous to the imposition of the restraint, it used *really to require* 5, 6 and 7 attendants to hold this man during the various services necessary to be performed about him during the day. His build was admirable; he was light and of great muscular development and agility; had the skill of a practised fighter and, under the impulse of his disease, had no sense of fear. He attacked without reference to superior weight and size, and managed by his skill and activity, to avoid returned blows. He became the terror and complaint of the patients in his ward, and *they* were the most violent in the asylum. His manner was, to steal up behind and fell a man; this he repeatedly succeeded in doing. *When his arms were restricted he was reduced to inflict swinging blows, by striking with one hand whilst simultaneously throwing the other hand in order to give the utmost play to the strap, and to kicking.* He practised the former when he could get his victims into a narrow place."

"He wore the restraint described, by day only, from 19th February to 20th June, except during a period of bodily illness, and convalescence therefrom.

As soon as his health was restored, he recommenced his former conduct. *After the imposition of restraint, his kicking remained so serious an evil as at length to demand his separation from others.* He therefore occupied an apartment to himself, where he several times did much mischief to doors and windows. To give opportunity for repairs he was again secluded for a few hours, thrice; the only instances of his seclusion after being restrained. The number of hours during which he wore the restraint was nine daily; he repeatedly slipped it off. Twice re-association with his fellow patients was tried as he seemed better, and each time his resort to his former violence caused the experiment to fail."

"To the other peculiar features of this case, I have only to add that he would assume a gentle and insidious manner when he contemplated an immediate exercise of violence. We came to learn from his manner when he was most to be guarded against. Often, on being got up in the morning he would say, "there must be more fighting to day;" which we found a useful indication. Conversation and reasoning with him were rarely practicable, for he seldom, in addition to swearing, &c., said more than "I am Jesus Christ," "See what fine weather we have; that's all owing to me."

To our mind this remarkable case appears calculated to strengthen the opinions of those superintendents, who accept in their fullest integrity the doctrines of the non-restraint system. In the first place, Dr. Huxley admits that this is the first time he has been driven to impose restraint to prevent violence to others; although he has for many years had under his charge an asylum containing more than 600 lunatics. This fact alone proves that such cases must be extremely rare. We believe that neither Dr. Conolly or any of his followers have ever asserted that cases never occur in which restraint is justifiable. On the contrary, they admit the wisdom of the axiom, *exceptio probat regulum*. In the next place, it must be remarked that in this instance the restraint was inefficient. It consisted of "armlets and a strap to keep the elbows near the hips, and prevent the abuse of the upper arm in striking persons, the fore arm being free." Now the utility of this imperfect restraint appears to have been very small, for he could still inflict swinging blows, and "his kicking remained so serious an evil, as at length to demand his separation from others"

Dr. Huxley reports that his wards are full.

"Six years ago, a building for 200 patients was added and opened, and now the lapse of that period finds us with only room enough, if all strangers were removed, to go on with during the two or three years that would be occupied in a further enlargement."

"In May, I received a letter from the Commissioners in Lunacy suggesting the plan of placing beds in the wider galleries, as a means of increasing the accommodation; to enable the asylum to receive the patients from one of the cinque ports, whose admission had been refused for the time being, for want of room."

Dr. Palmer's report of the *Lincoln Asylum* comments severely upon the neglect of parochial authorities to send

the patients to the asylum on the first outbreak of the disease. This is done because—

“The patients were not considered *bad* enough for removal—that no overt acts of violence had been committed by them—or, that it was thought they might get better without removal; so that the asylum, with all its appliances, has in some cases been regarded only as the last resource of a forlorn hope, while, indeed, the tables of recoveries have always attested that, however valuable it might be as a home for chronic cases, it is still more valuable as a curative institution.”

It would seem that the admissions into this asylum contain even a larger proportion than usual of chronic cases.

“Of the sixty-two admissions, only fourteen were cases of the first attack and of recent occurrence; the remainder consisted of chronic and for the most part hopeless cases, and of such as had suffered from previous attacks, and in whom permanent recovery was highly improbable.

Dr. Palmer mentions a painful instance of relapse.

“Soon after the patient’s arrival at home his wife insisted on his remaining in bed, and, as he naturally objected to this proceeding, had him fastened hand and foot to the bedstead. His mental disorder quickly returned, and accustomed as he had been to active out-of-door employment, his bodily health soon gave way. A more pitiable object can scarcely be conceived than he was on his re-admission.”

We have known more than one instance of a similar nature. Unfortunately, a patient discharged as cured, has frequently to return to a home pregnant with the influences which first occasioned his disease. The violent temper of wife or husband, drunkenness, dissoluteness, want, or waste, too often present their repulsive features at his hearthstone. Not unfrequently also, the dread inspired among the vulgar by the disease under which he has suffered, places a barrier of suspicion between himself and those who are dear to him, and becomes a fruitful source of ill-feeling, contention, and relapse. We fear there is no remedy for these evils. They are founded in man’s infirmity and weakness.

The Lancashire Lunatic Asylums.—The populous and wealthy county of Lancashire contains three lunatic asylums; the old one at Lancaster, containing 680 patients, and the two new ones near to Liverpool and Manchester, containing respectively 400 and 500; and yet from each the urgent plaint is raised of deficient accommodation for the wants of the district. At Lancaster a small addition for twelve patients is being made, and no patients have been refused admission except two, who were considered unfit. But at Rainhill, near Liverpool, “the asylum has been full throughout the year, and patients have only been received as vacancies occurred by death and discharges.” At Prestwich, near Manchester, the

superintendent comments with emphasis upon the insufficiency of the asylum for the requirements of the district. "Each year the difficulties of receiving patients have increased, and numerous applications for admission have consequently been refused."

The visitors of the *Lancaster Asylum* report that they have closed their cemetery by the advice of the medical men, and that all the interments will for the future take place in the new cemetery for the township of Lancaster. We trust that the burial board of the latter place will be influenced by more liberal sentiments than those which have guided the councils of the board at Wells.

The visitors also report that, in consequence of two suicides by drowning which have taken place in the reservoir, and at the earnest request of the medical officers, who represented the impossibility of preventing such occurrences, they have determined to surround it with a wire fence, 7 feet 6 inches high. It is to be hoped that the wire will prove an effectual fence, but it is more than probable that a man determined upon suicide would make his way over such an impediment. A light roof of wide span thrown over the reservoir would have been a much more effectual protection. It would also prevent the water from becoming green by the vegetation of *confervæ*. We have so covered a reservoir for the latter purpose alone, and with the best results.

The committee have completed a noble terrace walk for the healthful exercise of the patients. It is 700 yards long, and connected with others, it gives a beautiful continuous walk of more than a mile and a half. We remark that it is one of the general recommendations of the Commissioners in Lunacy, at the present time, that such walks should be formed round asylum grounds. Unfortunately, the distribution and lay of the ground does not render it in all instances possible; but where it is so, there can be no doubt of its advantage to the patients.

The superintendent's report of the *Rainhill Asylum* affords some material for extract and comment, which the brief reports of the other asylums do not. Mr. Cleaton notices the beneficial operation of the clause permitting leave of absence to convalescent patients. It has been made available to some extent, and has been of much use in promoting and establishing the recovery of patients. On the subject of relapses, he observes :

"It is well known that when any important organ has once been inflamed or otherwise diseased, or has had its functions seriously deranged, there is a

predisposition to a return of the affection from slight causes. This is especially the case with regard to insanity, in which, although the brain itself may not invariably be perceptively diseased, the functions of that organ are always greatly disordered. If in addition we remember that after recovery and a return to the world, the causes which originally produced the derangement are, in a large proportion of instances, still in operation, it will not be a matter of surprise that relapses are found to be comparatively frequent.

The preponderating causes of death were general paralysis and pulmonary consumption. Of 42 deaths, 16 were general paralytics. This large proportion is even exceeded at the Prestwich Asylum, in which out of 58 deaths, 31 were general paralytics.

The following paragraph from Mr. Cleaton's report, goes far to explain the cause of the terrible prevalence of this most fatal disorder, since it is well known that it occurs most frequently where health of mind and body are ravaged by the noxious influences of combined poverty and dissipation, which are peculiarly incidental to such populations as those of Liverpool and Manchester.

From tables V. VI. and VII., showing the countries, religious profession, and physical condition of the patients admitted during the year, it appears that 25 per cent. were Irish; and that 50 per cent. of the whole number are recorded as being, at the time of their reception into the asylum, in a reduced and exhausted state of health. It has been observed for several years past, that the patients admitted from the town of Liverpool are, as a class, much more seriously shattered in bodily health and condition, from poverty, dissipation, and other noxious influences incidental to large towns, than those who come from rural and agricultural districts; and it has been found at this institution as well as, I believe, at the large asylum, that perfect mental restoration is less general and persistent, and that the mortality is higher among the class referred to than among the insane derivable from an agricultural population.

Among the causes of insanity, Mr. Cleaton finds that intemperance holds the foremost rank. Twenty per cent. of the total admissions are clearly attributable to it, and its influence is supposed to have been the predisposing cause in many other instances. The following passages are of practical importance to those entrusted with the hygiene of asylums.

The excellent supply of vegetables obtained from the kitchen garden, the whole of which, to the extent of several acres, is now in cultivation, has afforded the means of varying the dietary of the patients during the summer and autumn to a greater extent than is generally found in institutions of this kind. Peas, beans, salads, celery, and rhubarb are now brought into requisition, as well as potatoes, cabbage, and turnips, and thus a grateful as well as salutary variety is easily made in the vegetables at dinner, without increase of cost, and with benefit and gratification to the patients. It has been especially remarked that obstinate diarrhoea and dysentery have been much less frequent since salads have been introduced into the dietary. This is accounted for by the fact that the soluble salts of the plant, which are essential constituents of the blood of healthy human beings, are not filtered away and lost by boiling or cooking, but

are retained and assimilated ; and it is unquestionably better 'occasionally to run some risk of even a slight attack of indigestion from eating uncooked vegetables, than to deprive the system of the safeguards against those more formidable and intractable disorders, chronic diarrhoea, dysentery and scurvy.

The prevention of dysentery by a diet of the kind here recommended was first pointed out in the pages of this journal, by Mr. Walsh, the superintendent of the Lincoln Hospital for the Insane. Our own experience fully justifies the high estimate formed by Mr. Cleaton of the importance of vegetables in asylum diet, and especially we would recommend to the attention of superintendents that excellent and prolific vegetable, rhubarb, which comes at the time of the year when potatoes are bad, scarce, and dear, and long before other vegetables are in season. At the present time (May 23rd,) we are giving to nearly 500 patients rhubarb pie once a week. Every asylum garden ought to contain from half an acre to an acre of this profitable and convenient esculent, which stands in the gap between the kept roots of one year and the fresh vegetables of another.

The old chapel at the Rainhill Asylum is being pulled down, and a new one built. The old structure adorned the front of the asylum, and was a florid specimen of the tea-caddy style of architecture. Its removal is probably as much owing to the good taste of the committee, as to any urgent necessity. It certainly acted as a foil, or a contrast to one of the finest, best built, and best arranged asylums in the kingdom. A fire occurred in the tailor's shop, but it was put out by the extraordinary exertions of the attendants before the arrival of the fire engine from the neighbouring town. Mr. Cleaton, while pointing out the fearful consequences which might result from a fire in a building where so many individuals are shut up who cannot help or protect themselves, suggests as the only satisfactory arrangement for the prevention of such an occurrence, a high level cistern, with water plugs in the airing courts. We have seen a still better system actually in force at the Lincoln County Asylum. In each gallery of that institution, there is a cupboard accessible to the attendants, which contains a fire-plug or cock, with coiled-up hose and branch attached ready. By opening the cupboard, turning the cock, and uncoiling the hose, any attendant would in a few seconds be in a position to extinguish a fire. The arrangement is excellent, and ought to be adopted in all asylums not built fire-proof. The principal security, however, in lunatic asylums, against fire by night, is that afforded by an efficient system of night watching, and to this probably is due the un-

frequency of fires in asylums. Fires have been frequent in asylum outbuildings, but, with the exception of the York Hospital and the Gloucester Asylum, we are not aware that in any instances the inhabited parts have been seriously damaged or destroyed.

The report of the *Asylum for the Counties of Monmouth, Hereford, Brecon, and Radnor*, contains the following passage, which may act as a guide to Superintendents in similar circumstances :

“ One case of sudden death took place during the year, on which a coroner's inquest was held, and a verdict of “ Died by the visitation of God ” returned; it occurred in an epileptic patient. She was seen by the night nurse about four o'clock in the morning, and was then in her usual state; in two hours afterwards she was found dead in bed. A somewhat similar case occurred in the Somerset County Asylum about a year ago, and the visitors of that asylum requested the opinion of the Commissioners in Lunacy as to the necessity of holding inquests in such cases. *Their opinion was, in the case of such grave disease, where death might reasonably be expected to occur at any time, an inquest was not necessary.*”

The report of the *Nottingham Asylum* states, that the interest in the institution of the voluntary subscribers has been purchased, and that it will now be a purely pauper asylum. Out of the proceeds of the sale, the voluntary subscribers will provide a new building for first and second class patients, on a more eligible site. The Visitors discharged ten harmless and chronic patients, to be taken charge of in the Nottingham Workhouse; and they invited the guardians of the unions in the county to remove forty-three patients of the like character, if the guardians would undertake to provide proper accommodation and care for them: but in only one instance did the guardians respond, and forty-two of the harmless patients were permitted to remain. It is curious to see the to and fro swing of opinion in matters of this practical kind. A few years since and the guardians all over the country were endeavouring to procure the discharge of the so-called harmless patients, and visiting justices were sturdily refusing their demands; now the visitors cannot obtain the assistance of the guardians in their attempts to relieve the crowded wards of their asylums.

The medical officers, while expressing their general adherence to the non-restraint system, report two exceptional cases in which the camisole was used for a short time whilst giving food, and sometimes during exercise. The cases were those of extreme violence and attempts at self-destruction, by dashing the head against the walls, precipitation, &c. The reason assigned for a detailed account of these cases, affords a curious instance of the manner in which the Com -

missioners in Lunacy, having adopted some particular notion, strive to impress it upon all occasions.

"We relate these cases more at length because of the allusion to them by the Commissioners in Lunacy at their visit in June last, in their report in the visitor's book they say,—“Efforts should be made to render the use of “mechanical restraint unnecessary, by affording the patients more extended “means for exercise beyond the bounds of the asylum.” In our judgment, it was quite out of the question—taking a patient in such a state as described, for exercise *beyond* the bounds of the asylum; and as soon as that violent state had subsided under the treatment adopted, we neither required nor used the camisole nor any other mechanical restraint.”

Dr. Stiff has exceedingly well expressed the importance of medical treatment, in contradistinction to mere exercise and employment, as follows :

“We mention in the treatment of insanity the great importance of recreation, exercise, and employment; but we must be guarded in not laying too much stress upon these means to the exclusion of the more important medical and remedial agents.

“Some persons who have theories of their own to support, or who are not really acquainted with the indications and treatment of this important disease, have expressed an opinion that insanity is not amenable to *medical* treatment, or that such treatment is a mere secondary matter. If this opinion were to gain ground it would soon become a fatal error; it would check alike all science, research, and improvement. It would degenerate our public asylums into a system of management of mere routine, work, diet, and exercise, forgetful of the labours and observations of past experience, and the necessity for the continuance of those observations, of the effect of remedies whilst living, and of the morbid appearances after death, it would throw back psychological medicine into a darker system of ignorance and barbarity than when the enlightened Pinel in France, and after him Conolly in this country, first awakened the skill of the physician and the heart of the philanthropist to the advantage of a scientific as well as humane treatment of the insane.”

The report of Dr. Nesbit, the able Superintendent of the *Northampton General Lunatic Asylum*, is concise and practical, the object being, as he states, “neither to write a psychological essay, nor to examine into the arcana of causes that contribute to develop insanity in its diversity of forms.” Doubtless, Dr. Nesbit's valuable time is better occupied than it would be in reducing the theories of the most difficult part of medicine to the comprehension of the benevolent gentlemen and ladies who are the governors of this excellent charity, and to whom this report is addressed. Still, as we shall hereafter shew there is some reason to regret that Dr. Nesbit did not dilate somewhat upon theoretical psychology, since it is evident that his governors have a taste for reading of this kind, and since the opinions of an educated physician on a matter of medical science are greatly to be preferred to the crude and speculative notions of men whose lack of knowledge make them rush in where others would fear to tread. Dr. Nesbit

comments upon the greater mortality among private than among pauper patients in the Northampton Asylum, the reverse of which might have been expected. The private patients, however, are brought to the Northampton Asylum in a more deteriorated condition, mentally and physically, than the paupers. Many, also, are brought from private asylums, "when their cases are hopeless, and their habits depraved and offensive." A case is referred to in which food was refused on account of delusion, and forced alimentation was resorted to two or three times a day for fourteen weeks. "The plan was attended with the happiest results, and the patient now takes food as well as any other inmate." The case is a rare one, for experience proves that when forced alimentation has been needful for two or three months, the almost invariable result is gradual exhaustion and death. Probably, Dr. Nesbit's extensive knowledge of insanity led him to adopt the use of forced alimentation before the strength of his patient had suffered much from abstinence. The principle of treatment is laid down as follows:

"It may be laid down as an axiom, that the nearer we can approach, with safety, the ordinary practices and customs of the sane, the more benefit are we likely to obtain. We have therefore endeavoured, as far as possible, to recognise this axiom, by continual additions to our library, by providing the newspapers and periodicals of the day, by the erection of a billiard table, and the exhibition, in various parts of the house, of engravings and objects of art. Additions have likewise been made of various articles of furniture, calculated to arrest and please the eye, and afford the features and comforts of home."

We are happy to find that Dr. Nesbit has confined himself, in his report, to purely medical subjects; that he has acted upon the sound wisdom of the proverb, "*Chacun à son metier*;" and that, in particular, he has refrained from any impertinent interference with, or comments upon the spiritual functions of the chaplain. If he had thought fit to refer in any way to those matters which belong to the clerical function, he might have said that one of the highest aims of religious instruction is to teach humility and self-knowledge to all classes of men, even to the teachers. He might have said that to have the care and cure of souls is, to an earnest mind, a responsibility at once absorbing and jealous, admitting of no divided affection with the duties of other professions. He might thus have excused himself for offering opinions upon theological subjects, and with good taste have referred his governors upon such matters to the chaplain of the institution. On the other hand, he might have adopted a different course. He might have presented the governors of the institution with

an elaborate essay upon religion ; have taken occasion to exalt his own profession, at the expense of the clerical functions. Unrestrained by the dictates of good sense, or of good taste, he might have presented his readers with a superficial or conceited disquisition upon theological theories, and have succeeded in admirably illustrating the truth of Butler's epigram :

“ All smatt'ners are more brisk and pert
Than those who understand an art ;
As little sparkles shine more bright
Than glowing coals, that give them light.”

The chaplain's report of the Northampton Asylum is indeed an elaborate medical essay, more than eight times as long as that of the medical superintendent. It would have been some consolation to believe that the reverend gentleman has so much faith in the resources of medicine, that his comments might be construed into a compliment to the science, even at the expense of its professors. But alas ! in his first page he announces “ the very great importance of the *moral and religious* system of treatment, which (in conjunction, of course, with a judicious regimen, healthy exercise, and cheerful employment,) is the *only* kind of treatment which can in such cases be safely employed.”

Mr. M'Kee's opinion of medicine is the more uncomplimentary, since the moral and religious influences which he upholds as offering the only safe means for treating the insane, are believed by him to be quite incapable of reforming the vicious. After commenting upon the evils of intemperance, and calling upon the rulers of the country “ to adopt the most effectual means of eradicating it,” he concludes that until all gin-palaces and beer-shops are closed, “ and the number of public-houses considerably diminished, and till, moreover, some restrictive measure respecting the sale of intoxicating liquors is rigidly enacted and enforced, I despair of seeing any decided general improvement in the moral and social condition of our working classes.”

Mr. M'Kee has no faith in physic in the treatment of the insane, and he despairs of the moral improvement of the lower classes through the influences of religion. Insanity can only be cured by the latter, and intemperance by Act of Parliament. We find ourselves unable to concur in either of these opinions ; we believe that judicious religious instruction and consolation may assist, but cannot super-

sede the labours of the alienist physician; and we have a very strong conviction that the influences of the Christian religion when thoroughly brought to bear upon the morals and habits of our working classes by earnest, humble, and devout clergymen, will prove infinitely more efficacious in elevating them above the degrading vice of intemperance, than the Maine Liquor Law, or any other legislative device.

We must excuse ourselves from the task of offering any criticisms upon the medical theories of the Rev. Mr. M'Kee. He expresses his conviction that the mind is incapable of disease.

"That insanity accordingly is the *impairment*, not of the *faculties* or *powers* of the mind, but of the *operations* or *manifestations* of those powers, and is invariably caused by disease, disorganisation, inflammation, irritation, or disturbance of the nervous system, and more particularly the cerebral portion of it, is, in fact, more or less the result of disease or disorder, in those physical or material organs, by whose instrumentality the mind carries on its operations in its communications with the external world in our present state of existence."

Such are, in every instance, the proximate causes; but the remote causes are moral and physical "particularly a vitiated state of the blood, interfering with the healthy nutrition of the encephalic portion of the nervous system." Sometimes "physical disease appears to counteract what is called the mental malady." This takes place on the principle of counter irritation. The mind cannot be compounded of various functions, and is perfectly distinct from matter, and he who thinks otherwise, has an uncandid, ill-regulated and irreflective mind.

"The mind, we know, is an indivisible essence, which perceives, imagines, wills, attends, remembers, compares, distinguishes, judges, reasons, believes, hopes, fears, loves, hates, &c.; is conscious of its several operations, and is endued with what we call the *moral principle*, or *conscience*; it is also perfectly distinct from matter (for there is not the slightest resemblance between the operations of the mind and the properties of matter.) These are *primary* or *self-evident truths*, and therefore do not necessarily depend upon any process of reasoning. Like all other axioms, they force themselves upon every candid, well-regulated, reflective mind, and are regarded by it as infallibly certain."

The Rev. gentleman enters at length into a physiological explanation of the manner in which disease can affect the peripheral or central portions of the nervous system, and their connecting nerves.

"And what I have said of the organ of sight applies equally to each of the other organs of sense, the nerve-fibrils of which are employed by the mind for the reception and transmission of ideas, as the wires of the electric telegraph are used for transmitting messages; for the nerves, like so many skeins of silk, contain each a great number of extremely delicate filaments, called fibrils. But no physical or material organ can *generate* or *originate* the functions of the mind."

He states that in asylums for idiots, "the inmates are educated on the principle that in every case there is mind, and that the *mind itself is perfect*;" but that disordered physical organization is the sole cause which prevents it from exercising or developing its powers. The idiots are taught to follow trades, "and enabled to earn their livelihood, and become useful members of society, and it is extremely gratifying to know that three-fourths of the number admitted into these institutions are sent home to their friends cured"!

After some comments upon the pathological anatomy of the brain, upon the dual function of the cerebral hemispheres, upon sleeplessness as a cause of insanity, and upon the relation existing between dreaming and insanity, the Rev. gentleman concludes with the detail of a series of cases in which he was enabled by the mere influence of judicious and sympathizing conversation, and apparently without the aid of any medical treatment, to effect the most wonderful cures of various acute and chronic cases of insanity. It is possible, that while the chaplain was thus apparently curing the most hopeless cases of dementia, by his conversational powers, that some trifling assistance might have been unostentatiously rendered by the ordinary means employed by the physician; no hint, however, is given of this, and our suggestion of its possibility is quite gratuitous.

Finally, the Rev. Mr. M'Kee gives the following excuse for the medical nature of his essay.

"I trust it will not be thought by any gentlemen, that in what I have said in this report I have travelled out of the sphere of a clergyman, when they recollect that some of our Universities, including that in which I myself graduated, make a knowledge of Locke's Essay on the Human Understanding, Brown's Sketch of a System of the Philosophy of the Mind, Paley's Moral Philosophy, Gisborne's Principles of Moral Philosophy, Browne's Lectures on the Philosophy of the Mind, Smith's View of the Ancient Moral Systems, Burlamaqui's Natural Law, and other works of a similar character, indispensable in all candidates for the Degree of Bachelor of Arts, who read for honors; and that the *Professors of Moral and Mental Philosophy in our Universities are Clergymen*."

The excuse is admirable. It reminds us, however, of a Shandean passage to the effect that men may read metaphysical books with no better results to themselves, than the development of an ambition for authorship, upon subjects which they scarcely understand.

"Avicenna and Licetus read Aristotle's metaphysics forty times through, a-piece, and never understood a single word! But mark the consequence, Avicenna turned out a desperate writer, at all kinds of writing; for he wrote books *de omni scribili*; and for Licetus, though all the world knows he was

born a *fetus*, of no more than five inches and a half in length, yet he grew to that astonishing height in literature, as to write a book with a title as long as himself. The learned know I mean his *Gonopsychanthropologia*, upon the Origin of the Human Soul."

The report of the *Oxford and Berks Asylum* bears unmistakeable evidence that the active management and constant improvement proceeding in that institution, have met with no check. During ten years the asylum has gradually increased to double its original size, and additions are still being made to it. The constant presence of builders and artificers have necessarily curtailed, in some respects, the amount of liberty which might otherwise have been given to the patients; but the result has been, that no patient has been refused admission, and that "the number of patients to whom relief has been extended is greater in proportion to the extent of the population, than in any other county except one." Mr. Ley has some judicious remarks upon the causes of insanity, and the increased numbers of the insane. He thinks that orders for the admission of paupers into the asylum are given to persons who would scarcely be liable to the imputation of lunacy, if they had the means of providing for their own care. Many old patients, in fact, are sent to asylums as much to be nursed for the debilities attending old age, as to receive the treatment appropriate for the disease. Mr. Ley opposes to the opinion that intemperance is the most common cause of insanity, "the fact of equality in the numbers of the two sexes who are brought to asylums." If intemperance were the most common cause of insanity, it is improbable that the female sex, immeasurably more temperate than the male, would supply an equal number of insane patients.

The answers of relieving officers indicate that deranged health is one of the most common causes; and Mr. Ley thinks that early medical relief in every kind of illness, not only to paupers, but to those who are liable to become paupers, is the true financial interest of the parishes, on account of the influence it would exercise in preventing the development of insanity. There is much wisdom in these opinions. Similar ones have since been expressed by Dr. Jervis, in his celebrated Massachusetts report. Mr. Ley attributes much influence in the production of mental disease to pulmonary complaints, which "have sometimes been the only assignable cause of insanity, and have in other cases occasioned such weakness that moral incidents have

caused the mind to fail." Mr. Ley entertains a somewhat lower estimate of the value of pharmaceutic remedies than ourselves. He says :

"The treatment varies with the hope which the age of the patient, the duration or the activity of the disease afford. Medicines are subordinate to that which has been termed medico-moral treatment. The removal of the patient from the sources of his habitual excitements; the necessitating his trust in the unseen resources of others, the enforcing of rest; the regulating of habits; the engaging of the mind in pursuits, occupations, or societies, which are retentive of its former acquirements, instructive, of engaging novelty, or gratifying by their utility, and which wipe off the tedium of length of time, or the anxiety of reflection ; these and the ensuring warmth, and food of wholesome and suitably varied quality;—become medical administrations to the mind diseased. It would be an error to suppose that medicines and surgical art of appliance are without value; although it is well to express clearly, that through so long continued a course of treatment, as is called for in insanity, it is the appliance of the simplest and most natural agencies that admits of being also most continuous, and which is least interrupted by the use of such special remedies as individual cases frequently require. Medicines are most freely given and most freely taken where the hope of recovery is most fully entertained."

Whatever may have been the restrictions necessarily occasioned by the presence of builders and their men, it is certain that under Mr. Ley's management, patients enjoy a large amount of freedom. They are looked upon neither as paupers nor prisoners, and have been allowed to attend the services in neighbouring parish churches.

"Amongst the feelings strongly expressed was this; that the inmates are confined as the recipients of charity for which they have not asked, in which their wills are not consulted; are imprisoned without crime; are made paupers, not by their asking relief, but by the humane compulsion of friends; that they have claims to consideration, and are entitled to all freedom of person that can be allowed them. Especially the privileges of the parish Church should not be refused to those who are sufficiently intelligent to desire them. I desire to record the expressions of pleasure used to me by the ministers of every Church to which they went. Their presence was, however, not altogether consistent with the calmness and attention to the services of other members of the congregations; their absence from the asylum Chapel, being the absence of those on whom the usual orderly responses rested, produced an unhappy effect on those who remained. The custom of attending the parish services has therefore been discontinued."

The report of the *Somerset County Asylum* mentions, that a resolution of the Wells Burial Board has been presented, stating that after July no interment of pauper lunatics would be allowed in the new burial ground. The Committee are not aware of any legislative enactment on which such notice can be founded, and trust that it will be withdrawn. The Wells Burial Board have in this matter acted in a very different spirit to that of the Society of friends at York, who have selected a site for their new burial ground upon the premises of their lunatic asylum, "for the joint use of the friends of York and the institution."

Dr. Boyd, in common with many other superintendents, complains of the manner in which proper patients are detained from the asylum, and improper patients sent.

"Notwithstanding that public asylums afford every facility for the care and treatment of the insane, still the mortality is high, because many of the cases admitted are in the last stage of bodily disease, and are not sent until their management has become difficult or expensive at home. The removal of aged or chronic cases from workhouses when they become troublesome is of common occurrence. Some remedy should speedily be found for this evil, as asylums are becoming crowded with such cases, to the exclusion of those that are recent and probably curable.

"The present inadequate provision made by law for the sick poor in workhouses, as well as at home, renders the visitors of asylums unwilling to discharge chronic cases. So long as the sick poor are under the sole control of persons annually elected, and the contract system for medical relief exists, a sufficient guarantee does not exist for their proper care; hence, in Middlesex and many other counties, vast sums have been already expended in increasing the accommodation for pauper lunatics."

He quotes the opinions of the Commissioners in Lunacy respecting the short-comings of lunatic wards in union houses; opinions which are summed up as follows: "In fact, the wards become places for the detention of lunatics, without containing any of the safeguards and appliances which a well-constructed and well-managed lunatic asylum affords, and we have abstained from giving any official sanction or encouragement to their construction." Dr. Boyd thinks, however, that union houses might be made available for the care of the chronic insane, "if the Commissioners in Lunacy were supported, as in public asylums, by the co-operation of visitors, with power to carry out a liberal provision of food and medicine for the sick poor generally," and if proper attendance were provided for cases requiring it. We venture to differ, however, on this point. The objections of the Commissioners, founded upon the actual observation of lunatic wards in union houses, and of the insane poor in workhouses where there are no lunatic wards, would not be obviated by a liberal provision of food, medicine, and proper attendance. Workhouses are not constructed for the use of the insane; and to meet the requirements of the Commissioners and the public, it would be necessary to add to a workhouse four lunatic wards, two for each sex, and to provide them with the airing courts, furniture, and skilled attendants, proper to the wards of a lunatic asylum. When this had been done, and the patients provided with a liberal supply of food, clothing, and medical care, where would be the economy to the ratepayers? Chronic lunatics *properly* provided for in union houses would inevitably cost more

than they at present do in county asylums, since their small numbers would prevent an efficient economy. It is indeed unfortunate that chronic lunatics continue to accumulate ; but if suitable accommodation must be provided for them, surely it is preferable that this should be done by additions to county asylums than by additions to, or the metamorphosis of workhouses. It is, moreover, deserving of consideration, whether the introduction of liberally-conducted lunatic wards into an union workhouse would not interfere with the working of the latter in its legitimate scope and object. A workhouse is the test of destitution. To preserve its social utility, its economy must always be conducted on a parsimonious scale. No luxuries must be permitted within its sombre walls ; even the comforts and conveniences of life must be maintained in it below the average of those attainable by the industry of the labouring poor. How can a liberally-conducted lunatic ward be engrafted upon such a system ? how join the fair proportions of the maid to the scaly mass of the fish ? The establishment in any union house of lunatic wards, which will be likely to meet with the approval of so humane and experienced a superintendent as Dr. Boyd, would leaven the whole lump with the taint of liberality, and the so-called pauper bastille would, in the eyes of the unthrifty and indolent poor, be deprived of the reputation which drives them from its portals.

The following judicious observations on general medical relief are dictated not only by benevolent feeling, but by a wise and enlightened experience.

“ Medical relief often comes too late ; in some cases, from the ignorance or indifference of the poor themselves, and in others from their unwillingness to apply as paupers, perhaps the most valuable member of the family dies, or becomes deranged in mind, and the others become public charges. Persons in the habit of visiting the poor know this to be the case, and also that it is with the poor that contagious diseases originate and spread. It has also been observed, especially in London, that the poor in sickness rarely apply to the hospitals and dispensaries, supported, for their use, by the charitable public, these institutions being too frequently abused, by the admission of patients not proper objects of charity. Medical relief, separated altogether from *poor* relief, might, under proper management, be granted to the *working classes* who cannot pay for it in continued illness, without in the end, any greater expense to the public ; for surely if it tended to prolong the lives of even a small number of those men who are in the prime of life, and are daily becoming more precious to the country, if it helped to keep them and their families out of the workhouse or the asylum, it would be an arrangement no less politic than humane.

On the causes of insanity, Dr. Boyd observes :

“ It appears that *physical causes* have been frequent here in males ; they are more subject to diseases of the nervous centres, (the brain and spinal cord)

which will almost account for the greater mortality of males than females. The *moral causes* have been more frequent amongst the females, the majority of whom were attacked at an earlier period of life, when the sympathies are more readily affected."

We regret that the limits of our space prevent us from availing ourselves of the pathological observations with which, as usual, Dr. Boyd has enriched his report.

The Committee of the *Surrey Lunatic Asylum* report at length upon an important subject, which has already more than once occupied our attention in the present review, namely, the expediency of discharging harmless and chronic patients, to be taken care of in union houses.

"The committee adverted at considerable length, in their last annual report, to the circumstance of the asylum being frequently unequal to the requirements of the county, and of their intention to attempt to remedy the defect by discharging all those patients, who, being harmless and inoffensive, it was considered might be properly taken care of in their respective union houses.

"The plan has been tried, and has not been successful. Patients, who, under the liberal and gentle treatment they experience in the asylum, are quiet and tractable, are not necessarily so under the stricter regulations of a workhouse; indeed, so far as the experiment has been tried, the reverse has been found to be the case; most of the patients so discharged, having been shortly afterwards returned to the asylum, or placed in some other institution for the insane, in consequence of their having become, with the inmates of the workhouse, "*a mutual annoyance to each other.*" Any arrangement, short of an entire separation from the other inmates of the workhouse, will be found to be inefficient.

The Committee think the asylum probably capable of a little further extension; but they express their conviction that the county must very soon build extensively, at Wandsworth or elsewhere, for the pauper lunatics who cannot be accommodated in the present establishment.

They report the resignation of Sir Alexander Morrison, "having become from age incapable of performing the duties of his office to his own entire satisfaction." Sir Alexander's "lengthened and valuable services" are recognised by a superannuation allowance of £140 per annum. "No other visiting physician has been elected in his place; the extensive medical knowledge and great experience of the two resident medical officers of the asylum, render unnecessary the renewal of the appointment."

The visitors' report of the *Stafford Asylum* contains little of interest, except the copy of a resolution on the appointment of Mr. Wilkes, to the Commission in Lunacy, recording their deep regret at the loss the county sustained by his removal, and their warmest acknowledgments of the ability with which he had administered all the offices of the establishment during fourteen years.

The report of Dr. Bower, the medical superintendent who was elected to succeed Mr. Wilkes, comments upon the augmentation of the number of patients, which, out of proportion to the increase of population, must be attributed to influences which deteriorate the moral and social condition of the people.

"Many of the causes of insanity are doubtless beyond our control, and where such is the case no complete cure can be expected, although even here relief may be afforded; still the chief causes do lie within our reach, and by careful attention to the fact that although medical means may fail to afford benefit when the disease is once established, yet by the moral improvement of the great bulk of population, the exciting and predisposing sources may be removed.

"The sources to which I allude are intoxication and poverty, and out of the admissions during last year, 50 are clearly traceable to one of these prolific agents of disease. It is pretty generally admitted that the former of these causes most generally results from a contracted state of the intellectual faculties, produced by ignorance, want of early teaching, or bad example, and it is to be hoped that the enlightened system of education now gaining ground, will tend to remove this stigma on our population. Out of those admitted last year, 55 were either totally or very imperfectly educated; a slight knowledge of reading alone, or reading and writing, constituted the utmost extent of their knowledge.

"Fully persuaded of the lamentable state of ignorance of the majority of the class from which our inmates come, and aware that in many of the patients who come within my care, a perversion rather than a loss of intellect prevails, I have with the kind permission of the committee of visitors of the asylum, established a school for the purpose of introducing the plain elements of knowledge to many who have never had the means of receiving them, but who, possessing sufficient mental power, are desirous of so doing, and although sufficient experience has not yet enabled me to speak confidently of its success, the results hitherto shewn are highly satisfactory and encouraging."

In the report of the *Suffolk County Asylum*, Dr. Kirkman, the highly respected senior of English Superintendents, comments upon the difficulty of obtaining an accurate account of the causes of insanity, which are "too frequently as much matters of conjecture, as the descriptive symptoms of the patients themselves."

"It is not very often that one is able to obtain so clear a discovery of the cause of excitement, as was given the other day by a female under a maniacal paroxysm. She braided and dressed her hair with all the attractiveness of juvenile vanity, and on its being observed, she said "that she did it for two reasons: the first and more important was, that she was the Virgin Mary, and had no right to be matronly in appearance; the second, that her head felt hot and she wanted the hair off." There was, according to her own account, mania resulting from "the heat oppressed brain," and it would be difficult to obtain a clearer indication of the necessary treatment to be pursued than was afforded by this sane solution of an insane idea."

There is usually little to report on the yearly history of an old institution, which has been uniformly satisfactory. The opinion expressed in the following paragraph, is that of an experienced mind.

"There has been no untoward occurrence throughout the year: no disturbance by, or injury to, any patient, beyond the most trifling accident; no death from any but the most ordinary cause; and no escape beyond an occasional wandering from the uninclosed fields and the farm. Upon the last of these facts, it may be proper to allude to a recent suggestion of the Commissioners in Lunacy, and acted on in many asylums, that the patients should frequently be allowed to extend their walks beyond the boundary walls; and that this indulgent latitude might be advantageously granted to the more *refractory* patients as they are termed. The desire to carry this proposal out, is in some measure thwarted by the combined fears of their escaping under additional facilities, and of their trespassing on forbidden ground. Wandering minds will lead to wandering feet. Everybody is not so attached to insane society as those who are more immediately introduced to it; and it is not always easy to convince surrounding residents that their greatest safety may result from their erratic neighbours. As far as the patients themselves are concerned there is no doubt of the advantages resulting from such extended liberty; and whenever the suggestion is either wholly or partially carried out, the endeavour is always to prevent any intrusion by their vagrant habits, however one's own partiality may lead to the conviction, that with careful guardianship they may be very safely trusted even in town as well as country."

Commenting on the value of good attendants, and the helplessness of a Superintendent who cannot ensure that his orders will be effectually carried out by an adequate staff of well-qualified servants, Dr. Kirkman remarked upon the worse than useless nature of the statutory requirement that all dismissals of servants for misconduct, should be reported to the Commissioners. He believes that this requirement is apt to lead to a winking at little faults, from a desire to avoid permanent injury to character. We believe, however, that the record of the Commissioners is simply useless, from the fear of penalties for libel.

The Commissioners have not ventured to make public among Superintendents the contents of their record; consequently it is useless as a means of preventing the re-engagement of dismissed servants, and harmless in its operation upon such persons themselves.

The report of the *Warwick County Asylum* is the first which has been published. The Visitors give a succinct account of the discharge of their duties since 1846, when they were first appointed. After having reported against a union with any other county or borough, for the erection of a joint asylum, they purchased a site from the Earl of Warwick; the purchase money being £4,690; the extent of the site nearly 43 acres. It commands a fine prospect over the surrounding country, has an abundant supply of water, and is well situated with respect to the neighbouring county town, railway and canal. After the purchase, the Visitors were advised that the land was adapted for the manufacture of bricks, and, accordingly the bricks for the new asylum

were made upon it. This circumstance is the only indication contained in the report of that which we consider a great objection to the site, which would otherwise have been equal to that of any other asylum in the kingdom. A poor, cold, stiff clay, is by no means eligible for the site of a lunatic asylum. Its drainage is difficult, it is unsuitable for spade husbandry, not being workable in all weathers, and it is generally thought to be unfavourable to health. The tenders for the asylum varied from £51,000 to £25,000 ! Dr. Parsey reports most favourably of the construction of the building, "for easy working and general convenience of arrangement, and for the advantageous distribution and supervision of the patients." The ventilation, however, he says, might have been better. On this subject he agrees with so many Superintendents in their objection to artificial methods.

"It has been the fashion with architects of late years to trust too much to systems for artificial ventilation, which have generally proved to be more or less a failure, or have required a disproportionate expenditure to perfect their operation, and to attain results which might have been as efficiently insured by a judicious arrangement of windows opening both at top and bottom, and by a sufficient number of fire-places properly distributed about the building."

Dr. Parsey's observations on the treatment of mental disease are enlightened and judicious.

"The broad principle to be kept in view in the treatment of insanity, and to which all our resources, whether moral, hygienic, or in the more restricted sense, medical, ought to be applied, is, in recent cases to restore, as quickly as possible, the equilibrium of the nervous system, and at the same time to endeavour so to improve the general health, as to maintain this equilibrium when restored ; in chronic cases, to place the system in as favourable a condition as possible to promote a high standard of health, to improve disordered functions, and to remove, where practicable, the effects of morbid secretions and deposits. The proportion among recent cases is very small in which the use of medicines ought not to form a prominent part of the treatment, though doubtless much is contributed towards the successful issue of the disease by the complete revulsion of feeling and ideas, often consequent on the sudden introduction of an insane person to asylum life, by the change of scene and diet, and by the diversion of thought, induced by the various means of employment and amusement afforded, as soon as the mind can be awakened to an appreciation of their meaning. At this point the treatment merges into that of the chronic or incurable cases ; the means applicable to the improvement of the one being equally so to the recovery of the other. All reasonable inducements are held out for them to engage in the various forms of industrial labour and domestic employments, in accordance with their different capacities. . . . The labour of some of the insane may thus be turned to very profitable account, though in providing employment for them, the quantity of work to be got through ought to be a very minor consideration to the fact of being able to give occupation for the body, without more stress on the mind than what may help to draw it into new and cheerful trains of thought. The more active of the insane must be busy at something, if not at work, at mischief, and with the more lethargic a great object is to rouse and exercise their torpid faculties ; and to those interested in the treatment

of insanity, the satisfaction derived from observing a person passing out of active mania, or a confirmed melancholic, for the first time taking a broom to sweep a few yards of floor, is far greater than that of seeing the most robust incurable do a hard day's work."

In the report of the *Wilts County Asylum*, Dr. Thurnam mentions the birth of two children, the mothers having been admitted in a state of pregnancy. One had been twice admitted for severe epilepsy or dementia; the other had a high state of excitement, followed by melancholia, and was "the victim of a man so unprincipled as to take advantage of her state of mental disorder." In America a law exists which attaches a severe punishment for an offence of this kind; and were many instances to occur of a similar villany, it would be right to bring its perpetrators within the clutch of the law. The offence is morally equivalent to a rape; indeed, it comes nearer to the latter crime than some of the instances which are held to constitute it in British law; for instance, a state of sleep, or deception as to person.

To prevent escapes a whistle has been fixed to the boiler of the steam-engine.

"This is blown immediately any patient is supposed to have escaped. The sound being heard for a considerable distance, warning is given in the neighbourhood and to the police, and in several cases the attempt to escape has in consequence been baffled. In one instance, a visiting magistrate, on his way to a meeting of the committee, heard the whistle, and shortly afterwards met a man, whom he recognised as the escaped patient. He was readily persuaded to take a seat on the gentleman's carriage, and was thus brought back, in good humour, to the asylum. This application of the steam whistle is, of course, only available in an asylum, not in the immediate neighbourhood of a railway station."

In consequence of a circular received from the Commissioners in Lunacy, stating that they had "reason to believe that there are many pauper patients now in asylums of a harmless chronic character, who might, under due regulations, be properly taken care of elsewhere," Dr. Thurnam was directed to address a circular to the several boards of guardians in the county, the substance of which and the result will be seen from the following :

"There are in this institution many patients who may be described as "harmless" whilst under the regular care which they receive here, but who would cease to be so, if left too much to themselves, or if the comforts they now enjoy were materially abridged. Some of these cases, might perhaps, go on favourably, under careful superintendence, in the wards of those union work-houses in which special departments for them could be organized; and some even, if properly watched, might be allowed to associate with the other inmates. Others might, perhaps, be cared for in the homes of their friends, if such an out-door allowance were made on their behalf as would enable a parent, or other relative, to devote themselves to the charge. Without knowing, however, to what extent the boards of guardians would be likely to co-operate in plans of this kind, the medical superintendent is unable to recommend, for discharge

from the asylum, patients apparently harmless, but of whose recovery he is not satisfied; and who might relapse into a worse state, if not under suitable care and treatment;—under which head a liberal diet and warm clothing are most important.”

“The answer to this circular, from the 15 of the 26 unions who alone replied to it, did not lead to any practical results, or encourage the hope that any material change in existing arrangements could be made in the manner suggested. Some of the boards of guardians were opposed to any change whatever, whilst others desired to leave the matter entirely to the committee of visitors and superintendent. Two or three only seemed disposed actively to co-operate; but by none were pointed out the measures they were ready to adopt, in order to render the union workhouses fit for the reception of any cases which might be removed to them. This being the case, little or nothing could be done, in the removal of so-called harmless patients from the asylum. As there has hitherto been room for all the cases which have been sent, there is, for the present, the less to regret in this result.”

The result of this effort, combined with similar failures, which we have recorded from the reports of the Surrey Asylum and others, and the experience the Commissioners in Lunacy expressed in their report for 1854, confirmed by their recent investigation into the condition of the Mary-le-bone lunatic ward, are enough, and more than enough, we think, to destroy any hopes which may have been entertained that the wards of crowded lunatic asylums can be relieved of their so-called chronic and harmless patients, by transferring them to union houses. It is indeed possible, as the Commissioners remark, that, “under due regulations they may be properly taken care of *elsewhere*,” inasmuch as elsewhere is a very spacious and convenient locality, but with the particular part of this locality which it is intended to designate, we cannot pretend to be acquainted.

The present report contains some statements having reference to the unsatisfactory manner in which the removal of patients to and from the asylum is performed, and which have resulted in a circular from the Commissioners in Lunacy, recommending asylums to keep vehicles of their own for the discharge of these duties. Our own experience leads us to believe that, for some years after a new county asylum is opened, the parochial and relieving officers are apt to be guilty of the negligences and inhumanities attributed to them by Dr. Thurnam. But after a time, by example and precept derived from the new institution, these officers become gradually imbued with a different estimate of their responsibilities towards the insane poor. Some years ago, in the county from whence we write, patients were brought to the asylum in a most negligent, and sometimes in a truly cruel manner. We have known a poor crippled woman brought thirty miles in November in a tilted cart,

without a rag of clothing on her back ; and a maniacal sailor brought a still greater distance bound with ropes on the top of a chaise, while his guardians enjoyed themselves inside.

These and similar occurrences were reported to the various boards of guardians, with suitable comments ; and it is simple justice to add, that during recent years the manner in which patients have been brought to the asylum, and removed from it, has been on the whole most satisfactory. With few exceptions, this duty is performed by the relieving officers themselves, sometimes by the masters of union houses, and in rare instances by assistant overseers. The relieving officers, especially, are a superior class of men compared with those of former days, and in their manner towards and management of the patients whom they have brought, they have displayed a kindness of disposition which does them great credit, and an amount of tact which has often excited our surprise. Such being the result of our own experience on this point, we do think that it would be preferable to endeavour, by censure and instruction, to get these duties performed well by those on whom they legally devolve, than to take them out of their hands in the manner recommended by the Commissioners. The plan by them recommended would be attended with two serious difficulties ; to say nothing of the expense and inconvenience of keeping extra attendants, or of denuding the wards of their ordinary attendants. It could not fail to add to the delays, already more than sufficient, which attend the admission of a patient ; and in the case of a discharged patient, the servants of the asylum would meet with difficulties injurious and harassing to the patient, on account of there being no responsible person legally appointed to take the patient from their hands at the end of the journey. Sooner or later the patient must be delivered into the hands of some responsible person, and this can better be done under the sanction of the law which designates that person, and requires him, under a heavy penalty, to assume this responsibility by fetching the patient from the asylum within a specified time, than by searching for him, perhaps in vain, in some remote village.

The report of the *Worcester County Asylum* is occupied by details of its enlightened and successful management. Moot questions are but little referred to. The following enunciation of the principles and practice of therapeutics by Dr. Sherlock, cannot fail to interest our readers :

"The treatment adopted has not varied materially from that previously pursued. The use of the warm bath, an occasional purgative, and sedatives, have been found of great service in subduing attacks of acute mania in its early stages and of paroxysms of recurrent mania; while cold and tepid sponging, tonics, stimulants, counter-irritation, good diet and active exercise, modified to suit the varying circumstances of each case, have been frequently productive of much relief in persons suffering from chronic mania. Opiate enemata have been found to give much relief in cases of several females suffering from acute mania accompanied with pervigilium. Cod liver oil has been found very beneficial in raising the standard of health of many seemingly hopeless cases of dementia, attended with weakness of the circulation, coldness and lividity of the surface. In cases of advanced mental disease, complicated with epilepsy, vegetable tonics with mineral acids have been productive of singular benefit. The production of mild pyalism has in many cases seemed to arrest for a time the course of general paralysis, and has also been found of service in some cases of severe epilepsy, in whom plethora and congestion of the brain seemed present. Iodide of potassium has been largely used in cases of general paralysis, but not with the marked relief experienced from the action of mercury on the system. Antispasmodics have been found of much benefit in cases of mania and epilepsy in whom the hysterical diathesis was present. Constant attention to the dietary, clothing, and exercise of the patients, and a close investigation of their habits, has been seldom found to fail in producing the best effects in the course of both the mental and bodily diseases of the insane."

From the report of the *York Retreat*, we learn that strenuous and ever-new efforts are being made to relieve the monotony of asylum residence.

"Monotony and sameness must, to a considerable extent, characterize life in an establishment of this nature under the best circumstances. Much, however, may be done to make the monotony less unpleasant. The hours spent in doors are much relieved by a cheerful, well-furnished apartment, and especially if it contain objects calculated to excite agreeable reminiscences or healthy reflections. The same principles apply to the exercising grounds, gardens, and walks out of doors."

A turning lathe has also been established in the workshops, and patients of the upper classes have attained proficiency both in this and in general carpentry. Coach exercise is systematically provided, and the grounds of the asylum have been greatly improved, so as to confer upon them the appearance of a park.

A patient who is fond of botanical research, "has a knowledge of nearly 300 species of plants and trees growing upon the estate." The application of these varied agencies on the spirits and progress of the patients, is greatly dependent for safety and success upon the watchful care and skill of the attendants. This must be remunerated; and it is observed, that on this account the average of wages has increased since 1846, from £11 1s. to £13 9s. It is, however, gratifying to observe that an institution for the middle classes, like the *Retreat*, can be maintained at the highest point of efficiency, at a very moderate expense. The average cost for each patient appears to have been about 23s. per week.

The report of the *Yorkshire County Asylum*, at Wakefield, makes the common complaint of want of accommodation. The number at present in this large asylum is 767, and the estimated cost of the needful increase of accommodation is £23,500. The medical Superintendent, Mr. Alderson, reminds the Visitors that, with an increase of dormitory accommodation, proper and healthy day-rooms should be provided in an equal and healthy ratio. In compliance with a resolution of the Visitors, he visited the principal workhouses, to ascertain what accommodation existed for the care and protection of harmless chronic patients. With the exception of the Sheffield Workhouse, he found that none of them were adapted for the reception of lunatics. We are glad to find that Mr. Alderson entertains opinions similar to those we have expressed in a former page, on the inexpediency of establishing lunatic wards in connection with workhouses.

“I think it right to bring under your consideration the various difficulties which present themselves to my mind, in rendering workhouses fit for chronic lunatics. Two day-rooms would be essential for each sex, to separate the quiet and aged from the more troublesome; some single sleeping apartments should also be provided, in addition to the dormitories, as many of the cases, though harmless by day, are often restless and noisy at night; airing grounds, contiguous to the wards, are also most important to the health of the insane, where they may be separated from the other inmates, who, from ignorance of the consequences, will frequently make imbeciles the subject of taunt and jest, thus rendering harmless lunatics violent and dangerous; neither would such insane be properly cared for without a suitable number of paid attendants. It then becomes a doubtful question, whether the weekly expenditure would be much reduced? a reduction commensurate with the outlay of money expended.”

The following passage in reference to the chaplain's efforts to establish a school, will be read with pleasure by those who delight to see a Christian clergyman actively occupying his time in works of practical benevolence.

“The chaplain has very kindly personally undertaken the formation of a school in the men's asylum, as an experiment; from twenty to twenty-five meet twice a week, and receive instruction in reading, writing, and arithmetic. The attention, interest, and pleasure they evince is most marked; neither is the avidity to attend diminished after four months' experience.”

We have been unable to obtain the report of the North Riding Asylum, and, at the last moment find the reports of the Leicestershire and Cheadle Asylums are not in our possession. The omission will be supplied at the earliest opportunity. The reports of St. Luke's, Colney Hatch, and Hanwell Asylums have already been reviewed in distinct articles.

J. C. B.

The following Table represents the Movements in Asylum Population recorded in the Report.

Name of Asylum.	Numbers resident in January, 1855.		Admissions during 1855.		Total number under treatment.		Died.		Discharged cured.		Discharged uncured.		Average Number Resident.	Numbers Resident in January, 1856.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
Bedfordshire . . .	138	159	40	57	178	216	18	25	12	19	9	12	280	139	160
Birmingham, (Borough)	133	142	56	66	189	208	18	10	27	27	16	14	157	128	157
Cheshire . . .	108	146	73	52	181	198	17	14	22	30	23	12	256	119	142
Dorset . . .	70	83	23	24	93	107	7	4	14	19	6	2	82	66	82
Denbigh . . .	96	109	37	32	123	141	16	9	16	21	14	5	199*	87	106
Devon . . .	204	272	65	68	260	328	39	17	31	55	.	.	478	200	278
Essex . . .	124	183	61	68	185	251	20	28	22	28	4	16	320*	139	195
Gloucester . . .	143	233	48	43	276	467	22	15	25	27	12	6	373	137	221
Monmouth . . .	110	150	57	43	167	193	24	15	28	29	1	6	258*	114	143
Hants . . .	145	154	53	62	198	216	22	17	17	14	2	6	318	157	179
Kent . . .	247	316	108	84	355	400	40	21	38	33	12	12	580*	265	334
Lancashire, Lancaster	328	336	96	88	424	424	53	26	19	33	13	14	681	339	351
Prestwich . . .	236	254	108	106	344	356	37	21	43	75	14	13	498	250	252
Rainhill . . .	179	218	51	53	271	271	21	21	20	25	8	7	400	181	218
Lincolnshire . . .	120	123	32	30	152	153	10	13	13	10	2	2	249	127	128
Northampton . . .	131	129	35	29	166	158	20	14	19	16	8	24	354	127	128
Nottingham . . .	118	117	36	30	154	147	11	13	15	8	6	1	228	120	110
Oxford and Berks	174	135	42	60	216	295	26	19	19	27	6	4	415	165	248
Stafford . . .	198	186	98	76	296	262	30	21	41	50	5	3	398	54	406†
Somerset . . .	159	187	78	69	237	256	15	10	21	14	5	3	348*	54	196
Suffolk . . .	111	150	42	39	153	189	17	15	10	28	2	3	214*	124	143
Surrey . . .	396	525	173	135	569	660	64	53	71	77	13	14	929*	421	516
Warwickshire . . .	112	108	42	37	154	145	14	17	13	12	3	3	286	124	113
Wiltshire . . .	126	161	69	49	197	210	21	21	31	27	4	2	231	141	160
Worcester . . .	104	114	53	48	157	162	24	15	19	19	7	5	104	107	123
Retreat (York) . . .	42	63	6	11	51	77	2	2	4	6	2	2	104	43	69
York, West Riding	357	408	134	131	591	739	62	35	66	82	7	11	787	356	411

• The numbers thus marked are not given in the reports, but are the mean of those resident at the commencement and the end of the Year.

† The sexes are not distinguished.

On the Terms Delusion, Illusion, and Hallucination. By
J. H. BLOUNT, M.D. Part II.

In a former number I was led to draw attention to the distinctive meaning of illusions, hallucinations, and delusions, in consequence of the confusion manifested in the medical evidence given at a late celebrated trial, and from observing a like confusion in most of our works on mental medicine. And without entering into the physiological or psychological nature of these phenomena, I endeavoured to point out the plain, simple, and efficient characteristic, that illusions and hallucinations were the morbid phenomena of perception, the former occurring with, the latter without any external or objective cause; and that delusion was the result of morbid conception. In the following remarks, I wish to point out the distinctive features of those faculties whose morbid phenomena are designated by the above three terms, particularly the distinction between *sensation* and *perception*; for the confusion existing relative to the phenomena, healthy or morbid of any faculty does and must result from that faculty in its nature and limits being badly and confusedly apprehended, and therefore requiring a further analysis and more decided definition; a confusion which, relative to our subject, has led some in the present day to locate the faculty of perception, independent of sensation, in the nerves and organs of special sense; (see the *Annales Psychologiques*.)

No one can name any phenomenon which may come under his observation, without having some more or less definite notion of the category under which he would place it; and where there are classes of objects which appear to, or do merge into each other, he forms types around which, as a centre, are grouped all other phenomena. These types or centres are more or less numerous, according to the utility of a more or less minute division, and the less or greater admixture of new elements. It is, then, necessary for me to define what is meant by sensation and perception; and this will be best done by taking the definitions of those who are authorities in the study of mind, and pointing out as I proceed where and whence confusion has arisen. And here I must disclaim any intention of explaining what sensation or perception are in themselves, or how it comes that we are sensational or perceptive creatures. My object is to point out where and why certain phenomena which are now most

universally confused and confounded—at least, as far as language is concerned—should be, on the contrary, distinct and determinate, both in name and category—that all our intercommunication should be clear and without misunderstanding.

Dugald Stewart gives us the caution not to confound sensation with perception, for the former “is that state of the mind which is produced by an *impression* upon our organs of sense, (of which change we can conceive the mind to be conscious without any knowledge of external objects), and the latter expresses the *knowledge* we obtain by means of our sensations, of the qualities of matter.” Mr. Morell, in his work on *Psychology*, uses the term perception as “the apprehension of material qualities;” and further explains—“an awaking of the consciousness to the bodily condition of the moment; here the process stops as far as sensation is concerned, for any enquiry into the cause or object of such feelings, would be an intellectual process clearly distinguishable from the sensation itself.” In fact, without at present multiplying quotations, the reducing to precise language the obvious meaning of most authors is, that impressions *felt subjectively* are sensations, *translated objectively* are perceptions; that *sensations* are subjective appreciations of states of being, while *perceptions* are the objective knowledge of the materials external and independent of us; and consequently, that these two faculties are totally distinct, and, as we shall see, different in rise, progress, and results.

No word is solely and always used in its purely scientific sense, but has a general, universal, and every-day interpretation; thus as generic words “perception,” and to “perceive,” are in daily use for the reception of knowledge, the tuition of experience, the comprehension of ideas, &c.; and we are said to perceive a thousand facts, mental and bodily, which in strict language, are only felt, recollected, experienced, conceived, &c., and which have nothing in common with that faculty of mind, perception; a faculty, which, though far from being the highest in the scale of intelligence, is one upon which there ever has, is, and will be the greatest amount of controversy; for in fact, the coincidence and agreement between outward matter and our apprehension of it, is the very fundamental principle of mind; a clear understanding of which, as distinguished from all other faculties, is necessary for the slightest consideration of mental phenomena to be conducted with precision and clearness.

No one doubts that nervous matter carries *impressions*; and the comparative anatomy of the nervous system leads us

to conclude that in the lowest animals impressions are received, conveyed, and reflected into acts for certain special ends, and that this is performed blindly, instinctively, without the control or even consciousness of the animal. In these lowest animals this reflex is confined to immediate contact, often requiring force to effect it; but as we rise higher in the scale the senses called special are added, those whose contact is mediate and more delicate; and these animals are influenced by light, sound, touch, &c. But even here there is no evidence to shew that they have any sensation of these influences, while there is evidence to shew that it is wrong to say,

“The poor beetle that we tread upon

“In corporal sufferance finds a pang as great

“As when a giant dies.”

But as we further rise in the scale we find something is added. The blind reflex or consensual action is often delayed; like impressions do not necessarily give like results; the animal becomes conscious of and feels the impressions, and actions resulting from the existence thus felt may be said to be the dawn of volition. This stage is the one described by Mr. Morell as the first stage of intelligence, or “intelligence as sensation.” These feelings are purely subjective, and give rise to the states of comfort or discomfort, or pain—the *cœnæsthesis*—they give an *ego*, but not the *non ego*, for until the objectifying power is added, these animals have but various sensations as various states of existence. Afterwards is added the perceptive faculty, the appreciation of external matter, and its relation to us; the *ego* and the *non ego*, an addition which cannot be too strongly pointed out as the starting point of all intellectual action and without which every subsequent faculty would be useless. Here we have Mr. Morell’s stage of intelligence as intuition.

A mere reflex or consensual action, can give no evidence of mind, less then of intellectual action. The simple addition of sensation gives a rudimentary mind, as it resides in the simplest sensorium, the feeling of personal changes and impressions entirely without reference to their causes; much more then is there of mind when perception, the portal to other faculties is added to sensation, whereby its impressions are read, *i. e.*, perceived; and are referred to their external causes; for after all, life is but a contention of matter with matter, with a guiding principle acting at first blindly, then subjectively, afterwards objectively, gradually rising in the scale of intelligence into the moral being.

The functions of nerve are, as we have said, simply to re-

ceive and convey impressions, and the nerves of each of the special senses have their own peculiar function. Light and colour *per se*, sound *per se*, are as much sensations, as much felt, as the resistance of contact; and primarily neither of them have any objective influence till perception comes into play. The reception is, by means of physical organs, prepared for, and carried by the nerves, which have nothing to do with the rudimentary mental power, sensation. As a double proof I need scarcely mention the reflex actions that take place when sensation and perception are in abeyance from accident or disease; or that sensation as such may be remarked when the physical organ is injured, as opacity of cornea; or that hallucinations may take place, *i.e.*, perception, when the organ of sense is destroyed. But there are here two remarks to be made. First, all our sensational organs are not only in general accord, but they are each intimately and separately connected with common sensation, cœncœsthesis, containing more or less of its elements, so that when violently influenced they act through it. This is a source of confusion when the subject is analytically considered, but, on the other hand, it is a proof of the resemblance between our sensations, and of the unity of our sensational powers, in that they are purely subjective in their action; and secondly, that perception is not a definite and precise faculty, but one that requires education and experience; for the great difference between instinct and reason lies in the difference of the fundamental faculty of perception—in the former acting blindly and perfectly from the very first call into play, in the latter requiring the association of other faculties, and an educational course of experience, for with it arises memory, association, &c. Intellectual powers increasing in power and complicity, as we find the cranial nervous contents increase; contents gradually increasing from the early development of parts corresponding to the internal convolutions of Foville, which experiment, comparative anatomy, and analogy, would point out as the probable seat of the faculty of perception, and which is certainly not in the organs of sense, as the above remarks shew; again, the destruction of an organ of sense is no more the destruction of perception, than the amputation of a limb destroys volition.

Previously to the consideration of the morbid phenomena, illusion, hallucination, &c., I may here add one or two instances of the confusing language resulting from not keeping the distinctive characters of sensation and perception in view. Thus Mr. Morell, in his *Psychology*, says, "Let us take the perception of heat and cold;" and three lines further he says

that they are "simple affections which we experience." Heat and cold are sensations, simple states of existence which we experience, and are never connected objectively, until other faculties have given us the constant association of certain causes, to the which we refer our sensations, by which we can conceive and interpret the why and wherefore, but can only *feel* the effect. Again he remarks that the "prick of a pin experienced by the mind has no likeness to the instrument." Pain is a sensation, indicating a state of existence, a form of *ego*, but giving nothing of the *non ego*. Though in both these cases, and in others like to them, when the principle of causality has with the knowledge acquired by past experience taught us to refer, with more or less certainty, certain sensations to certain causes, we find we have acquired a faculty which gives to each sensation a responding intelligence that simulates perception, but has nothing in common with it more than a name. It is, too, from such like confusion that we are told that every sensation is accompanied by the belief in an external cause; (Wyld's *Philosophy of the Senses*.) Here the peculiar property of perception is given to states of sensation. It is only from a like confusion that perception, as well as and separate from sensation, could be supposed to reside in the nerves of special sensation; (*Les Annales Psychologiques*.) Again, sensation has been said to consist of two parts, (Dr. Monro, *On Classification of Insanity*;) one physical, sensation proper; the other mental, *i.e.*, perception. But we have already pointed out how very different are these two conditions; for, as Mr. Morell says, "whatever of knowledge or idea grows out of it, it is all due to a development of mind higher up in the scale than sensation itself." We can now see how this junction of sensation and perception influences the consideration of morbid mental phenomena, inasmuch as a proper separation of two such different endowments would have prevented the author from adding another sense to the category of mental powers, and have again confounded common sensation—the known cœncæsthesis—with the "functional sense."

Having now separated sensation from perception, we will enquire into their morbid phenomena; and from the nature of sensation, as we understand it, it is evident that its subjectiveness, admitting merely of different states of existence, cannot be perverted, since it has but one factor which must ever remain the same. Now there are various sensations, most frequently the effect of disease or irritation of the organs of sense, such as flashes of light in the eye, tinnitus

aurium, &c., which have been cited as being examples of simple illusions and hallucinations, and have led to the belief that these phenomena depend upon some states of the organs themselves. Now as we have said, these flashes of light, &c., are but states of existence *experienced* by the subject, but never *perceived*. Again, mistakes which arise from the physical imperfection of our organs of sense, mistakes which arise from the conceptivity attempting to complete the imperfect perception from faulty impression, have led to a diseased state of the physical organs being given as the cause of illusions. (*Vide Feuchtersleben's Psychology, Sydenham Society, page 230.*) An apparent exception to the foregoing mere state of existence being the explanation of sensation, is, where after amputation, sensations felt as in the lost part, are immediately referred to what does not exist. This, when investigated, is but a proof of my whole position, for those born without certain parts, never miss those parts, or feel them, nor do sensations intuitively point out the locality injured, except imperfectly by a reflex action, as the nervous phenomena of certain diseases shew. Sensation being but a state of being, all arising from it has to be learnt, the higher faculty of perception being the door leading to that which the still higher faculties appropriate and elaborate. How all this is performed, how the various theories of perception explain what is for us as a fact, and a fundamental point of belief, is far from the question now in view; we have merely to remark that the concord between external objects and our appreciation of them, is not always sure, that hence arise illusions. Next, that this faculty of concordance may be exercised, or may exercise itself without any impression from the organs of sense; hence arise hallucinations. That no other faculty enters into these morbid occurrences, for they often are independent of the belief, the reason, judgment of consequences, &c. Indeed when these faculties are applied to them, they in no way modify them; they are perceived and corrected or not; they cannot be denied. As a typical example of illusions, we would point out Don Quixote, mistaking a windmill for a giant; of hallucinations, the phenomena experienced by the printer Nicolai, of Berlin.—(See *Lelut's l'Amulette de Pascal*, part I.)

Sensation, as a state of existence, as a single factor, is so totally distinct from the power of appreciating the qualities of matter, external form, &c., that confusion necessarily must arise if they are confounded; under one name and sensation being a state of existence, can only be depraved

when we have pleasure from those *acquired states of feeling*, which we know are rather the perversion than the legitimate use of sensation. Or, I might exemplify sensation as being positive in pleasure, negative in pain, and as being depraved when in a positive formula containing a negative result.

But with perception arises ideation, and in the process of acquiring experience, those faculties necessary for the use of whatever enters by the perception door; or in recapitulation, to quote from Mr. Morell, "In the sensational stage, the mind is least free, it acts as yet in immediate response to some physical impulse." "The second, or intuitional stage, the soul attaining somewhat more free activity, yet remains under the immediate influence of external realities." "The thing perceived, stands face to face with the percipient mind, and the latter wholly immersed in its object, exercises hardly any self consciousness or activity in the apprehension of it." "How can we possibly get beyond the sphere of intuition, or disentangle ourselves from the influence of subjective impressions? By a power by which we are enabled *to recall* our experiences, and afterwards to build upon them a still higher form of knowledge in the process of intellectual developement." These faculties, memory, imagination, association, language, &c., all playing upon the perceptive experience, give rise to the higher intelligences, for the faculty of conception, responding to the principle of causality and the desire for knowledge, raise man above the brute creation. We only can rise from the known to the unknown. Sensations are associated with perceptions, and with former sensations recalled by memory, and are compared with collateral experiences. The principle of causality with the imaginative powers, adds a creative energy to the reasoning powers, which, combined with the judgment, makes the intelligence of man. But this process, so easy in act, has many factors, and consequently many chances for error; and in daily life, thousands of instances of error do occur continually; but the incompatibility error intuitively causes it to be suspected, reconsidered and detected, makes correction easy, and keeps mankind in general accord; however, this is not always so. Conclusions, the result of the higher faculties, will arise fixed, formed, and unimpeachable, leading to actions altogether in disaccord with these general known laws of mind, which govern the mass. These are *delusions*, and constitute the true mental symptoms of *non compos mentis*; as their stability is not compatible with the healthy action of the various intellectual faculties.

Now a little consideration of our experience will point out

that these erroneous intellectual actions, these “imaginary existences so entirely of mental origin,” are, when analysed, but the mind seeking for, and endeavouring to explain its own sensations; that these delusions are but the conceptive powers interpreting its states of existence in a fantastic and extraordinary manner, and by processes of imagination, association, and judgment, not in accord with the constituted laws of mind or matter. Conception being a faculty, acting in certain states of the sensational mind, especially when these are on the negative side of existence, causes delusive ideation, entraining in its turn the general intelligence.

The faculty of renewing impressions of sensational consciousness, of sensibility, varies in each individual, and from its general distribution and intimate connection with the entire physical organization, does, when exalted and disturbed, act through the material organs upon the entire mind, even to its higher intellectual faculties. Hence arise emotions. These “acutely experienced cœnœstheses,” (Noble,) mal-interpreted (sensation can be only felt or interpreted, never perceived,) by the conceptive faculties answering falsely to the principle of causality, give *delusions*—the *idée délirante*, conception *délirante*. Thus sensation is more intimately connected with delusion than is the faculty of perception; but though the ground upon which delusion is raised is a morbid state of the higher faculties, they act upon sensation. Again, the elements of each of the three faculties, sensation, perception, and conception, exist in each of the morbid phenomena of illusion, hallucination, and delusion; for without there having been experience from previous perception, conception could not have been called in action; and without ideation and the previous action of the conceptive faculties, the perception could not have perceived what did not exist; yet, as I have before remarked, it is necessary, to prevent confusion, to have some definition of these terms whereby science may be rendered clearer, and our mutual understanding kept as perfect as possible. Nor is this incompatible; for who would deny the distinction between the *a priori* and *a posteriori* proofs of the divinity, because they mutually contain each other's element.

As the faculty of perception precedes in rise and development the higher faculties, so do we find, in the evolution of insanity, that illusions and hallucination, as the rule, precede the fixed delusion; that they are more especially the phenomena of the acute stages, and that, as earlier stages of mania sympathising with the body, they are more especially the

phenomena of general disease; and as such are not such grave prognostic signs as are delusions, the morbid action of the higher faculties.

Again, as the faculty of perception is lower in scale than conception, we can understand that illusions and hallucinations may exist, and yet in their effects, &c. be corrected by the higher powers, and therefore be quite compatible with sanity. (M. Lelut's researches are admirable exemplifications of this.) They are, therefore, in themselves not proofs of insanity; though when they are not corrected, and when the higher faculties do not withhold their assent, but build delusions upon the illusions and hallucinations arising from faulty perception, they become additional proofs of the aberration of the intellectual faculties.

We ought not then to err in the use of these terms; indeed, I can conceive no case, where, upon the above principles, not only a name may not be given to the mental action, but at the same time with the name may not be assigned its locality in the category of our intellectual faculties.

Statistics of Insanity, being a Decennial Report of Bethlem Hospital, from 1846 to 1855 inclusive. By W. CHARLES HOOD, M.D., Resident Physician of Bethlem Hospital, &c., &c., &c., pp. 121.

There can scarcely be a surer sign of the importance attached to scientific statistics, than the anxiety with which they are received, and the estimation in which, if worthy, they are held. And this proceeds not from mere curiosity or the pleasure of gratifying a speculative philosophy, but rather, as we hope and believe, from that pure, unquenchable love of truth which belongs to our better nature. Figures, like facts, "are stubborn things," and herein lies their value. They plead with a force of their own, neither requiring the sophistry of words nor the skilful arguments of a logician, yet oft refuting the propositions of reasoners, and withal not to be gainsaid. It follows, then, that whosoever undertakes to collate and frame evidence of this description, superimposes on himself responsibilities of no slight or trivial nature. Statistics of life and death, of health and

disease, will ever have the highest claim on our attention. Life and the means of its enjoyment, and health, which constitutes its most important element, are subjects we can never tire of studying; and death, with its sad presage, we are equally concerned to know. But "life is short, and science is full long;" and did we each wait for our individual experience to bear fruit, or had we always to forge our own weapons to combat with disease, we might almost despair of success. Happily the accumulation of facts, the experience of years, the golden fruit of time, is not suffered to fall to the ground, and we find not a few engaged in their season, collecting and storing up these precious memorials for the benefit of all posterity.

In 1845, Dr. Thurman, then superintendent of the Friends' Retreat, published a comprehensive work on the Statistics of Insanity. In 1848, we have, among other similar productions, a well prepared Treatise on the Statistics of the Bloomingdale Asylum, U.S., by Dr. Earle, physician to that institution. A former Treatise by Dr. Hood, on the Statistics of Insanity in relation to Criminal Lunacy, has been much surpassed by the present subject of our review. On the principle that figures speak for themselves, we shall make frequent extracts, with short comments thereon, that the reader may form his own opinion as to the merit of the work in question. It may not be generally known that the rules of admission at Bethlem Hospital are far more stringent than at most other public asylums. The patients, with some exceptions (we do not allude to the criminal lunatics,) are not retained under treatment above a year. The result of this regulation must necessarily affect the evidence derived from statistics, as a reliable source of information. Thus we learn from Esquirol, as cited by Dr. Hood, "Of 2005 patients, who agreed in nothing except in being cases which were presumed to be curable, 604 recovered during the first year, 497 in the second, 71 in the third, and 46 in succeeding years. The numbers cured in the second year, as compared with those in the first year, are nearly as 5 to 6; sometimes even more patients were cured in the second year than in the first." Out of 2445 admissions into Bethlem, between the years 1819 and 1833, 385 were improper cases, hence the proper admissions numbered 2060. Of these "1124 were cured within the first year, and 643 were discharged uncured at the end of this time." The following table shews the number of patients admitted as curable during the ten years ending 1855:

ADMITTED.			CURED.				DIED.			
M.	F.	Tot.	M.	F.	Tot.	Per Cent	M.	F.	Tot.	Per Cent
1066	1663	2729	574	905	1479	54.7	76	98	174	6.37

Ten years at St. Luke's Hospital from 1846 to 1855 inclusive, gives the following proportion, which we insert for comparison with the preceding.

ADMITTED.			CURED.			DIED.		
M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
665	1234	1898	385	718	1103	48	77	125

In regard to the influence of age, Dr. Thurnam has stated that "the liability to insanity is nearly twice as great from 30 to 40, as from 50 to 60, and much more than twice as great at any age subsequent to 60." It seems that the largest number of admissions at the Friend's Retreat are between the ages of 20 and 30." At Bethlem, our author shews "the number admitted between 20 and 30, and 30 and 40, are nearly the same; 739 being admitted in the former period, and 759, an increase of 20 in the latter; and, after 40, there is a gradual decrease in the number for each quinquennial period, 284, 242, 204, 135, 110, 72." According to most authorities, we find the younger the patient, *cæteris paribus*, so much the greater hope for recovery. As age advances, Dr. Thurnam considers the chances of recovery are proportionably diminished, and Dr. Hood states "the mortality as a rule increases rapidly with age." Great discrepancy of opinion has existed between celebrated mental physicians on the subject of sex; thus, Esquirol believed "women were a little more subject to insanity than men;" but it has been shewn that he argued from false premises, having based his observations on incorrect data, the average number of females being greater than males in the general population. "The number of recoveries is greater in women than in men, and the deaths are nearly 50 per cent. higher in men than women: it is therefore evident, that to compare the single number of cases existing at any time, would give

no result, and we must take the cases *occurring*, not the cases *existing*, if we would arrive at a correct conclusion." Another writer states, "In nearly all points of view, it may, in conclusion, be observed that women have an advantage over men in reference to insanity; for, not only do they appear less liable than men to mental derangement, but when the subject of it, the probability of their recovery is on the whole greater, and that of death very considerably less." (*Statistics of Insanity*, Dr. Thurnam, p. 155.) "1663 women have been admitted into Bethlem during the last ten years, and 1066 men, *i. e.*, 64 per cent. more women than men." This great preponderance of female cases may perhaps be partly ascribed to the much higher proportion of women to men in the metropolis; at least, this fact should be borne in mind.

In respect to the influence of Sex on recovery, the statistics of Bethlem do not shew such a marked disparity as might, *a priori*, have been anticipated.

To judge from Dr. Prichard's researches and the arguments which he deduces, we are not justified in believing that any particular Form of Worship is more conducive than another to mental disorder. He illustrates this by adducing instances of the violent preaching of different sects, as well as of the Romish Church, in order to disprove a prevalent, and we believe, well grounded opinion, that the wild, nervous oratory and violent prayers of some dissenting communities, especially the "Primitive Methodists," or "Ranters," are more apt to derange the mind. On this point, Dr. Hood regrets, "Our own tables do not, unfortunately, throw any new light on this question; at present, indeed, they are altogether valueless." This, we agree with the author, is unfortunate, and with him "we hope this will not be the case in future." Perhaps the best way of settling this question would be to collate the results of different forms of religion as causes of insanity. We believe that in England, the most frequent cause of religious excitement and consequent insanity, will be found in the extravagant and heating discourses of some of those hedge-friars, commonly called "Ranting Preachers." The calm, simple, yet sublime teaching of our own national Church, no less than her beautiful and expressive Liturgy, certainly cannot be liable to this imputation. The system that countenances displays of an "imprecatory style of preaching," must be more in fault than the preacher who avails himself of it, and that system, or form of worship, which affords greatest

scope for its demonstrations, will be, in our opinion, the most prolific of insanity.

A larger number of insane persons are admitted into Bethlem Hospital from agricultural districts than from the great centres of life—cities and towns. This is the more surprising, when we take into consideration the immense amount of destitution and misery in the latter, especially in the metropolis itself; but, as Dr. Hood very justly observes, “We cannot but think that the human mind, with its high capabilities, is most likely to become deranged from having too little wherewith to exercise these capabilities fully, than from having too much. If these faculties be not exercised, the mind will prey upon itself, and become diseased, and surely this sad event is more likely to happen in the country than in the town.” Words which every idle man and woman should engrave on tables of gold.

Among the moral causes of insanity, we find Anxiety most frequent in both sexes; 130 of 1066 occurring in males, and 153 out of 1663 in the females. Religious excitement, contrary to what might have been expected, is considerably more frequent among the men than the women; the respective numbers of each being 37 and 11. Fright, as seems natural, causes insanity more frequently in the weaker sex; among the males there are only 4 instances, while among the females there are 48. Of the physical causes Intemperance has a fearful number of victims; 90 out of the above number of males, 40 in the females. It is interesting to note how the same cause operates in different degrees, according to the habits of each sex. Thus we have Rheumatism, in men 8, in women 4; Coup de soleil, in men 11, in women none; Concussion, in the former 17, in the latter 5, and so on.

Our author alludes to Dr. Prichard's opinion on hereditary tendency; an opinion which, we consider, confirms very strongly those views of the material origin of insanity which have been already brought before the profession. As one man derives from his parents a damaged heart, or a cancerous, or it may be tuberculous diathesis, so another receives the family seal of a diseased or deficient brain; and, as a result of this defect, a predisposition to insanity. “When the characters of the malady are better known, the tendency, no doubt, will appear to be little more than a definite bodily state, which may be acquired under given circumstances, and when acquired, transmitted.” “The experience of Bethlem, shews that the cases originating in moral causes are nearly double those originating in

physical causes ; the numbers being 980 to 571 in 2727. It also shews that the chances of recovery are greater, and the chances of death also greater in cases originating in *moral* causes." This is more especially seen in the male sex ; and females seem to have the advantage when the malady arises from *physical* causes. On fever, as a physical cause, Dr. Hood makes some interesting remarks, but we cannot subscribe to his opinion "that the mental malady is often connected with rheumatism and gout." There can be no doubt the brain undergoes considerable waste during the stage of delirium and vascular excitement of the system. Hysteria and uterine disturbance as physical causes among females are very frequent. "It is also more than probable, that these have something to do with the cases ascribed to, puerperal mania and over lactation ;" a fact which future collectors of obstetric statistics will do well to bear in mind.

"The Treatment of insanity varies according as the case to be treated is acute or chronic." We prefer the ordinary division of treatment into moral and physical, between which the author thinks "it is hardly possible to draw the line." No doubt they are much blended in practice, still, we believe, it is desirable that a distinction should be drawn, more especially since by giving too great prominence to that which is called moral, we unwittingly depreciate that which is purely physical. Of the two, the first is possibly most important, since it comprises the entire influence under which a patient's life is, or should be spent during his residence in an asylum. It is a force that is constantly operating upon him silently, and it may be slowly, though not less surely till his convalescence is established. The medical treatment on the other hand, is necessary rather to second and support the moral, bringing to the body that tone and vigour by appropriate physical measures, as wholesome discipline and change of scene bring it to the mind.

Since the day when Hellebore lost its reputation as a panacea for the black bile, the mild moral treatment of the present age has commanded universal credit, as the most enlightened method by which insanity can be cured. Even in the profession this idea has gained ground, to the undoubted saving of drugs, if not to the triumph of unprofessional proprietors ; and yet we cannot but feel thankful that the day has gone by when at Bethlem "the system of treatment consisted of bleeding, purging, and vomiting, in the

spring months. A certain day was appointed in which the patients were bled, another in which they were purged, another in which they were vomited. All this had been the practice for many years, and no better practice was then known."

Irritability of the nervous centres, to which the symptoms of mania are mostly due, cannot call for blood-letting. "Pinel and Esquirol both agree in discountenancing altogether the use of the lancet; and, arguing from their own experience, they say that bleeding not only does no good, but that it tends to accelerate the advent of dementia, frequently the sad event of insanity." After this, we apprehend few practitioners would recklessly open a vein, and thus seek to cut short an attack of mania; but there are even simpler remedies to be employed, thus, "the removal of the hair will often of itself produce a marked tranquillising effect."

We particularly call attention to Dr. Hood's opinion on the shower-bath, when so much controversy has been excited as to its use and abuse: "It is certain that the application of the douche, or shower-bath, is very liable to be followed by reaction and renewed excitement." "Often, indeed, the temperature of the body is below par, and it is desirable to employ means to raise its temperature, as by the warm bath, at the same time that ice is applied to the head, and in these cases the application of the douche is altogether to be reprobated."

Purgatives, though highly to be esteemed, are still liable to induce great nervous irritation, by the drain they create on the system. Digitatis, we believe, is seldom now employed. Antimony, either alone or with opium, is generally beneficial. We have found, in practice, a combination of compound ipecacuanha powder and the potassio tartrate of antimony very servicable, especially at night. The salts of morphia possess properties that entitle them to confidence in the treatment of insanity; and when opium alone, or the tincture, cannot be administered, as frequently happens, we have seen much benefit result from their employment. Hyoscyamus, in milder forms of excitement, such as restlessness at night and quiet sleeplessness, is worthy of a trial. A drachm of the tincture will generally produce the intended effect. "Active exercise is a great incentive to mental restoration; amusements are also of general use; but occupation is even of greater importance than amusement;

indeed, systematic employment, in various forms, is now a daily recognised essential to successful treatment in all properly conducted asylums;" a remark with which we are sure all will agree who have had experience among the insane.

Before concluding this review, we must draw attention to one other subject intimately connected with the right treatment of insanity, and that is, the Dietary. It is now generally admitted that a generous regimen within due moderation, is indispensable in conducting the cure of most mental disorders. A good deal will, of course, depend on the habits of the person under treatment; but Dr. Thurnam, in his work before mentioned, has laid down a very good rule on this point; the dietary of the poor should be raised to the ordinary fare of the middle classes, while that of the wealthy and luxurious should be proportionately reduced. In Bethlem, the male patients have daily for dinner, six ounces of meat, constantly varied, four ounces of bread, three quarters of a pound of vegetables, and a pint of beer. For breakfast and supper, seven ounces of bread and butter with tea, except on Wednesdays and Saturdays, when in addition to the seven ounces of bread, they receive two ounces of cheese and a pint of beer. The females have the same allowance, with the exception of the last mentioned only reduced slightly in quantity. Every patient is allowed $1\frac{3}{4}$ ounces of tea, 8 ounces of sugar, 8 ounces of butter, and $1\frac{1}{2}$ pints of milk, weekly. This appears a liberal and wise allowance, which we feel little disposed to criticise, though it may perhaps be fairly questioned whether coffee could not be substituted for tea at breakfast. We gather from the last excellent report of Dr. Boyd, that the following is the dietary for breakfast; coffee or broth, $1\frac{1}{2}$ pint for males, 1 pint for females, bread, 8 ounces for males, seven for females and half-an-ounce of butter for each patient. N.B. The coffee is made by boiling 6 pounds of ground coffee with 6 lbs. of sugar, in 32 gallons of water, for ten minutes, to which is added $2\frac{1}{3}$ gallons of new milk. The tea is made by substituting 2 pounds of tea for 6 pounds of coffee." (Ninth report of the Somerset County Asylum for 1856.) Having already expressed an opinion on the value of statistics, we have only to record our belief that Dr. Hood has ably fulfilled his task in the collection of most useful and interesting information relative to the treatment of the insane. There are yet points which will bear further investigation; more especially we would

instance religious excitement, and the influence of seasons, particularly lunar changes. But from the host of earnest and talented observers who at present occupy the first rank in psychical research, we may confidently look for results of even greater importance.

JOHN HAWKES.

→ 535

Bacon's Essays, with Annotations. By RICHARD WHATELY, D.D., Archbishop of Dublin. London: Parker, 1856.

It is hardly within our province—certainly it is beyond our power—to review the essays of Bacon, or to attempt to sit in judgment on the choicest efforts of our greatest English philosopher. While it has been the fate of the greater proportion of Bacon's works to be superseded, chiefly through the influence excited by these works themselves, even as the trenches and batteries by which a besieged town has been assailed are abandoned as soon as the capture has been effected, his essays retain their popularity, as chiefly relating to the concerns of every-day life, and because they, as he himself expresses it, come home to men's business and bosoms. He is, to quote Archbishop Whately's remark, a striking instance of a genius who could think so profoundly, and at the same time so clearly, that an ordinary man understands readily some of his wisest sayings, and perhaps thinks them so self-evident as hardly to need mention. But on consideration and repeated meditation, you perceive more and more what extensive applications one of his maxims will have, and how often it has been overlooked; and on returning to it again and again fresh views of its importance will continually open on you. One of his sayings will be like some of the heavenly bodies which are visible to the naked eye, but in which you see continually more and more, the better the telescope you apply to them.

Our object in the following few pages will be to apply this new telescope of the Archbishop's annotations to the re-survey of a few of Bacon's speculations, in his *Essays on Human Character and Conduct*, endeavouring to select such as may most nearly bear on our own professional life and daily walk.

The sentences from the essays are printed in italics, and Archbishop Whately's annotations in the ordinary type.

1 *Truth, which only doth judge of itself, teacheth that the enquiry of truth, which is the love-making or wooing of it; the knowledge of truth, which is the presence of it; the belief of truth, which is the enjoying of it; is the sovereign good of human nature. . . . The poet* that beautified the sect† that was otherwise inferior to the rest, saith yet excellently well: "It is a pleasure to stand upon the shore, and to see ships tost upon the sea; a pleasure to stand in the window of a castle, and to see a battle and the adventures thereof below; but no pleasure is comparable to the standing on the vantage ground of truth, (a hill not to be commanded, and where the air is always calm and serene,) and to see the errors and wanderings, and mists and tempests, in the vale below; so always that this prospect be with pity and not with swelling or pride."* (Essay I. of Truth.)

This love-making or wooing of truth implies that first step towards attaining the establishment of the habit of a steady, thorough-going adherence to it in all philosophical, and especially religious inquiry; the strong conviction of its value.

The greatest of all the obstacles to the habit of following truth is the tendency to look, in the first instance, to the *expedient*. It is this principle that influences men to the reservation, or to the (so-called) development, but real depravation of truth; and that leads to pious frauds in one or other of the two classes into which they naturally fall of positive and negative: the one, the introduction and propagation of what is false; the other, the mere toleration of it. He who professes a delusion, and he who connives at it when already existing, both alike tamper with truth. We must neither *lead* nor *leave* men to mistake falsehood for truth. Not to undeceive is to deceive. The giving, or not correcting, false reasons for right conclusions, false grounds for right belief, false principles for right practice—the holding forth or fostering false consolations, false encouragements, and false sanctions, or conniving at their being held forth or believed—are all pious frauds. This springs from, and it will foster and increase, a want of veneration for truth. It is an affront put on the "spirit of truth." It is a hiring of the idolatrous Syrians to fight the battles of the Lord God of Israel. And it is on this ground that we should adhere to the most scrupulous fairness of statement and argument. He who believes that sophistry will always in the end prove injurious to the cause supported by it, is probably right in that belief; but if it be for that reason that he abstains from it.

* Lucretius.

† The Epicureans.

if he avoid fallacy wholly or partly through fear of detection, it is plain that he is no sincere votary of truth.

On the same principle, we are bound never to countenance any erroneous opinion, however seemingly beneficial in its results; never to connive at any salutary delusion, as it may appear, but to open the eyes when opportunity offers, and, in proportion as it offers, of those we are instructing, to any mistake they may labour under, though it may be one which leads them ultimately to a true result, and to one of which they might otherwise fail. The temptation to depart from this principle is sometimes excessively strong, because it will often be the case that men will be in some danger, in parting with a long-admitted error, of abandoning, at the same time, some truth they have been accustomed to connect with it. Accordingly, censures have been passed on the endeavours to enlighten the adherents of some erroneous churches, on the ground that many of them thence become atheists, and many the wildest of fanatics. That this should have been in some instances the case is highly probable. It is a natural result of the pernicious effects on the mind of any system of blind uninquiring acquiescence. Such a system is an Evil Spirit, which we must expect will cruelly rend and mangle the patient as it comes out of him, and will leave him half dead at its departure. There will often be, and oftener appear to be, danger in removing a mistake; the danger that those who have been long used to act rightly on erroneous principles may fail of the desired conclusions when undeceived. In such cases it requires a thorough love of truth, and a firm reliance on Divine support, to adhere steadily to the straight course. If we give way to the dread of danger from the inculcation of any truth, physical, moral, or religious, we manifest a want of faith in God's power, or in the will to maintain His own cause. There may be danger attendant on every truth, since there is none that may not be perverted by some, or that may not give offence to others. But in the case of anything which plainly appears to be truth, every danger must be braved. We must maintain the truth as we have received it, and trust to Him who is "the Truth," to prosper and defend it. That we shall indeed best further His cause by fearless perseverance in an open and straight course, I am firmly persuaded; but it is not only when we *perceive* the mischiefs of falsehood and disguise, and the beneficial tendency of fairness and candour, that we are to be followers of truth; the trial of our faith is when we *cannot* perceive this. And the part of a lover of truth is to

follow her at all seeming hazards, after the example of Him who "came into the world that He should bear witness to the truth." This straightforward course may not indeed obtain "the praise of men." Courage, liberality, activity, and other good qualities, are often highly prized by those who do not possess them in any great degree; but the zealous, thorough-going love of truth is not very much admired or liked, or indeed understood, except by those who possess it. But truth, as Bacon says, only doth judge of itself; and howsoever these things are in men's depraved judgments and affections, it teacheth that the enquiry of truth, which is the love-making or wooing of it, the knowledge of truth, which is the presence of it, and the belief of truth, which is the enjoying of it, is the sovereign good of human nature.

2. *It is worthy the observing, that there is no passion in the mind so weak but it mates* and masters the fear of death; and therefore death is no such terrible enemy when a man hath so many attendants about him that can win the combat of him. Revenge triumphs over death; love slights it; honour aspireth to it; grief flieth to it; fear preoccupateth† it.* (Essay II. of Death.)

Of all the instances that can be given of recklessness of life, there is none that comes near that of the workmen employed in what is called *dry-pointing*, the grinding of needles and of table-forks. The fine steel-dust brings on a painful disease, of which they are almost sure to die before forty. And yet not only are men tempted by high wages to engage in this employment, but they resist to the utmost all the contrivances devised for diminishing the danger, through fear that this would cause more workmen to offer themselves, and thus lower wages!

The case of sailors, soldiers, miners, and others, who engage in hazardous employments, is nothing in comparison to this; because people of a sanguine temperament hope to *escape* the dangers. But the dry-pointers have to encounter not the *risk*, but the *certainly* of an early and painful death. The thing would seem incredible, if it were not so fully attested. All this proves that avarice overcomes the fear of death. And so may vanity. Witness the many women who

* *Mate, to subdue, vanquish, overpower.*

"My sense she has mated."—*Shakespeare.*

So to give check-mate.

† *Preoccupate, to anticipate.*

"To provide so tenderly by *preoccupation*

As no spider may suck poison out of a rose."—*Garnet.*

m²

wear tight dresses, and will even employ washes for the complexion, which they know to be highly dangerous and even destructive to their health.

3. *Dissimulation is but a faint kind of policy or wisdom, for it asketh a strong wit and a strong heart to know when to tell truth and to do it, therefore it is the weaker sort of politicians that are the greatest dissemblers. . . . Certainly, the ablest men that ever were, have all an openness and frankness of dealing, and a name of certainty and veracity. . . . There be three disadvantages of simulation; the first, that simulation and dissimulation commonly carry with them a show of fearfulness, which in any business doth spoil the feathers of round* flying up to the mark; the second, that it puzzleth and perplexeth the conceits† of many of men that perhaps would otherwise cooperate with him, and makes a man walk almost alone to his own ends; the third, and greatest, is, that it depriveth a man of one of the most principal instruments for action, which is, trust and belief. The best composition and temperature‡ is to have openness in fame and opinion, secresy in habit, dissimulation in seasonable use, and a power to feign if there be no remedy.* (Essay VI., of Simulation and Dissimulation.)

What Bacon says of the expediency of all insincere proceedings is very true. Nothing but the right can ever be the expedient since that can never be true expediency which would sacrifice a greater good to a less. "For what shall it profit a man if he shall gain the whole world and lose his own soul." It will be found that all frauds like the wall daubed with untempered mortar, with which men think to buttress up an edifice, tend to the decay of that which they are devised to support. This truth, however, will never be steadily acted upon by those who have no moral detestation of falsehood. It is not *given* to those who do not prize straightforwardness for its own sake to perceive that it is the wisest cause. The maxim, that "honesty is the best policy," is one which perhaps no one ever is habitually guided by in practice. An honest man is always *before* it, and a knave is generally *behind* it. He does not find out till too late

* Round, direct.

"Let her be round with him."—*Shakespeare.*

† Conceits, conceptions, as

"You have a noble and a true conceit,
Of God-like amity."—*Shakespeare.*

‡ Temperature, constitution.

"Memory depends upon the temperature of the brain."—*Watts.*

“What a tangled web we weave,
When first we practice to deceive.”

Again, those who are habitually very reserved, and as Miss Edgeworth expresses it in one of her tales, think that that in general it is best not to mention things, will usually meet with fewer tangible failures than the more communicative, unless these latter possess an unusual share of sagacity; but the latter will, unless excessively imprudent, have a greater amount of success on the whole by gaining many advantages which the others will have missed.

This power to feign, if there be no remedy, is certainly a dangerous one to possess, because one will be tempted to say again and again, and on slighter and slighter occasions, “how there is no remedy, there is nothing for it but to feign;” that is, perhaps, there is no other mode of effecting the object you have in view. Certainly it is a nobler thing to have the power and not to use it, than to abstain from feigning through incapacity. But there are few cases, and to most people none in which it is justifiable. For a general to deceive the enemy by stratagems (so called from that very circumstance,) is quite allowable; because, where no confidence is reposed, none can be violated. And it is a kind of war that is carried on between policemen and thieves. In dealing with madmen again, there is no more fraud in deceiving than in angling for trout with an artificial fly; because, you are not really dealing with fellow men [!!!] But with the exception of such cases feigning cannot be justified.

4. *Boldness is a child of ignorance and baseness, far inferior to other parts; but, nevertheless, it doth fascinate and bind hand and foot those that are either shallow in judgment or weak in courage, which are the greatest part; yea, and prevaieth with wise men at weak times.* (Essay XII. of Boldness.)

Bacon seems to have had that over-estimate of those who are called the prudent, which is rather common. One cause of the supposed superiority of wisdom often attributed to the over-cautious, reserved, non-confiding, non-enterprising characters as compared with the more open, free-spoken, active and daring, is the tendency to over-rate the amount of what is distinctly known. The bold and enterprising are likely to meet with a greater number of *tangible failures* than the overcautious; and yet, if you take a hundred average of men of each description, you will find that the bold have had on the whole a more successful career. But the failures, that is, the non-success of the over-cautious,

cannot be so distinctly traced. Such a man only misses the advantages, often very great, which boldness and free-speaking might have gained. He who always goes on foot will never meet with a fall from a horse, or be stopped on a journey by a restive horse; but he who rides, though exposed to these accidents, will, in the end, have accomplished more journeys than the other. He who lets his land lie fallow will have incurred no losses from bad harvests; but he will not have made so much of his land as if he had ventured to encounter such risks.

The kind of boldness which is most to be deprecated, or at least as much so as the boldness of ignorance, is daring, unaccompanied by firmness and steadiness of endurance. Such was that which Tacitus attributes to the Gauls and Britons, "*Eadem in deposcendis periculus audacia; eadem in detrectandis ubi advenerint formido.*"

5. *We take cunning for a sinister or crooked wisdom; and certainly there is a great difference between a cunning man and a wise man, not only in point of honesty but in point of ability.* (Essay XXII. of Cunning.)

Whatever a man may be intellectually, he labours under this disadvantage if he is of low moral principle, that he knows only the weak and bad parts of human nature, and not the better. It was remarked by an intelligent Roman Catholic, that the Confessional trains the priest to a knowledge not of human nature, but of mental nosology. It may therefore qualify them, he said, for the treatment of a depraved, but not of a pure mind. Now, what the Confessional is to the priest, that a knave's own heart is to him. He can form no notion of a nobler nature than his own. He is like the goats in Robinson Crusoe's island, who saw clearly everything below them, but very imperfectly what was above them; so that Robinson Crusoe could never get at them from the valleys, but when he came upon them from the hill-top took them quite by surprise.

6. *Surely every medicine is an innovation, and he that will not apply new remedies must expect new evils; for time is the greatest innovator; and if time of course alters things to the worse, and wisdom and counsel shall not alter them to the better, what shall be the end? It is true that what is settled by custom, though it be not good, yet at least it is fit; and those things which have long gone together are, as it were, confederate within themselves; whereas new things piece not so well, but though they help by their utility, yet they trouble by*

*their inconformity; * besides, they are like strangers, more admired and less favoured. All this is true, if time stood still, which contrariwise moveth so round † that a froward retention of custom is as turbulent a thing as an innovation; and they that reverence too much old times are but a scorn to the new.* (Essay XXIV. of Innovations.)

In all the serious and important affairs of life, men are attached to what they have been used to. In matters of ornament they covet novelty; in all systems and institutions, in all the ordinary business of life, in all fundamentals, they cling to what is the established course; in matters of detail, in what lies, as it were, on the surface, they seek variety. Man may, in reference to this point, be compared to a tree whose stem and main branches stand year after year, but whose leaves and flowers are changed every season.

And the like holds good in all departments of life. New medicines, for instance, come into vogue from time to time, with or without good reason; but a fundamentally new *system* of medicine, whether right or wrong, is sure to have the strongest prejudices enlisted against it. If when the celebrated Harvey discovered the circulation of the blood, he had, on the ground that people often readily introduced some new medicine, calculated on a favourable reception, or even a fair hearing for his doctrine, which went to establish a fundamental revolution, he would soon have been undeceived by the vehement and general opposition with which he was encountered. And it was physicians of the highest standing that most opposed Harvey. It was the most experienced navigators that opposed Columbus' views. It was those most conversant with the management of the Post Office that were the last to approve of the plan of the uniform penny postage. For the greater any one's experience and skill in his own department, and the more he is entitled to the deference which is proverbially due to each man in his own province, the more likely indeed he will be to be a good judge of improvements in details, or even to introduce them himself, but the more unlikely to give a fair hearing to any proposed radical change. ‡

* Inconformity, *incongruity, discordance.*

† Round, *rapid.*

"Sir Roger heard them on a round trot."—Addison.

‡ The history of the introduction of Dr. Conolly's non-restraint system into the asylums of England (see his recent work, *On the Treatment of the Insane without Mechanical Restraints*.) affords a similar illustration of this truth. Hailed by the medical press, and by the public thankfully received, the non-restraint system had to fight its fight against prejudice and opposition, with those most versed in the detail management of the insane.

This essay of Bacon's is one of the most instructive and most generally useful, coming home, as he himself expresses it, to men's business and bosoms. For though few men are likely to be called on to take part in the reformation of any public institutions, yet there is no one of us but what ought to engage in the important work of self-reformation. And, according to the well-known proverb, "If each would sweep before his own door, we should have a clean street."

Most wise, therefore, is Bacon's admonition to copy the great innovator Time, by vigilantly watching for and promptly counteracting the first small insidious approaches of decay, and introducing gradually, from time to time, such small improvements (individually small but collectively great,) as there may be room for, and which will prevent the necessity of violent and sweeping reforms.

7. *To be free-minded and cheerfully disposed at hours of meat and sleep and of exercise is one of the best principles of long lasting. As for the passions and studies of the mind, avoid envy, anxious fears, anger, fretting inwards, subtle and knotty inquisitions, joys and exhilarations in excess, sadness not communicated.* (Essay XXX. of Regimen and Physic).*

Of persons who have led a temperate life, those will have the best chance of longevity who have hardly done anything but live; what may be called the neuter verbs, not active or passive, but only being; who have had little to do, little to suffer, but have led a life of quiet retirement without exertion of body or mind, avoiding all troublesome enterprise, and seeking only a comfortable obscurity. Such men, if of a pretty strong constitution, and if they escape any remarkable calamities are likely to live long. But much affliction or much exertion and still more, both combined, will be sure to tell on the constitution, if not at once, at least as years advance. One who is of the character of an active or passive verb, or still more, both combined, though he may be said to have lived long in every thing, in years will rarely reach the age of the neuters.

8. *To spend too much time in studies is sloth; to use them too much for ornament is affectation, to make judgment wholly by their rules is the humour of a scholar: they perfect nature and are perfected by experience, for natural abilities are like natural plants that need nursing by study; and studies them-*

* In a former number of this *Journal*, (for July, 1856,) we endeavoured to direct attention to these important relations of mind and matter, the influence of the mind on health, in which knowledge, as Bacon hath it, *there is a wisdom beyond the rules of Physic.*

selves do give forth directions too much at large, except they be bounded in by experience. Crafty men condemn studies, simple men admire them, and wise men use them, for they teach not their own use; but that is a wisdom without them and above them won by observation. (Essay L. of Studies.)

This contempt, whether of crafty men or narrow-minded men, often finds its expression in the word "smattering," and the couplet has become almost a proverb,

"A little learning is a dangerous thing,

Drink deep, or taste not the Pierian spring."

But the poet's remedies for the dangers of a little learning are both of them impossible. None can drink deep enough to be in truth anything more than superficial; and every human being that is not a downright idiot must taste.

The question arises, what are we to do? Simply to impress upon ourselves and upon all people, the importance of labouring in that much neglected branch of human knowledge, the knowledge of our own ignorance; and of remembering that it is by a confession of real ignorance that real knowledge must be gained. But even when that further knowledge is not attained, still even the knowledge of the ignorance is a great thing in itself, so great it seems as to constitute Socrates the wisest of his time.

Certain it is that only by this ignorance of our ignorance can a "little learning," become a "dangerous thing." The dangers of knowledge are not to be compared with the dangers of ignorance. A man is more likely to miss his way in darkness than in twilight, in twilight than in full sun.

What then is the "smattering," the imperfect and superficial knowledge that really does deserve contempt? A slight and superficial knowledge is justly condemned when it is put in the place of more full and exact knowledge. Such an acquaintance with chemistry and anatomy, *e. g.* as would be creditable and not useless to a lawyer, would be contemptible for a physician; and such an acquaintance with law as would be desirable for him, would be a most discreditable smattering for a lawyer.

It is to be observed that the word smattering is applied to two different kinds of scanty knowledge, the rudimentary and the superficial, though it seems the more strictly to belong to the latter. Now, as it is evident that no one can learn all things perfectly, it seems best for a man to make some pursuit his main object, according to first, his *calling*.

secondly, his *natural bent*, or, thirdly, his *opportunities*; then let him get a slight knowledge of what else is worth it, regulated in his choice by the same three circumstances, which should also determine in great measure where an elementary and where a superficial knowledge is desirable.

. . . . Grammar, logic, rhetoric and metaphysics (or the philosophy of mind) are manifestly studies of an *elementary* nature, being concerned about the instruments which we employ in effecting our purposes; and ethics, which is, in fact a branch of metaphysics, may be called the elements of conduct. Such knowledge is far from showy. Elements do not much come into sight, they are like that part of a bridge which is under water, and is, therefore, least admired though not the work of least art and difficulty.

We could not more fitly conclude these few stray gleanings from Archbishop Whately's interesting annotations to Bacon's Essays, than by quoting, for our own warning in our daily walk, a part of the concluding annotation on the Essay "Of Custom and Education." "I wish," says the Archbishop, "I could feel justified in concluding without saying anything of Bacon's own character; without holding him up as himself, a lamentable example of practice at variance with good sentiments, and sound judgment, and right precepts. He thought well and he spoke well; but he had *accustomed* himself to act very far from well. And justice requires that he should be held up as a warning beacon, to teach all men an important lesson; to afford them a sad proof that no intellectual power, no extent of learning, not even the most pure and exalted moral sentiments confined to theory, will supply the want of a diligent and watchful conformity in practice to Christian principle. All the attempts that have been made to vindicate Bacon's moral conduct tend only to lower, and to lower very much, the standard of virtue. He appears but too plainly to have been worldly, ambitious, covetous, base, selfish, and unscrupulous; and it is remarkable that the Mammon which he served proved but a faithless master in the end. He reached the highest pinnacle, indeed, to which his ambition had aimed, but he died impoverished, degraded, despised, and broken-hearted. His example, therefore, is far from being at all seductive. But let no one therefore undervalue or neglect the lessons of wisdom which his writings may supply, and which we may through Divine grace turn to better account than he did himself. It would be absurd to infer that because Bacon was a great philosopher, and far from a good man, therefore

you will be the better man for keeping clear of his philosophy. His intellectual superiority was no more the cause of his moral failures than Solomon's wisdom was of his. You may be as faulty a character as either of them was without possessing a particle of their wisdom, and without seeking to gain instruction from it. The intellectual light which they enjoyed did not indeed keep them in the right path; but you will not be the more likely to walk in it if you quench any light that is afforded you."

C. L. R.

Revelations of Prison Life, with an Enquiry into Prison Discipline and Secondary Punishments. By GEORGE LAVAL CHESTERTON, twenty-five years Governor of the House of Correction at Cold Bath Fields. Hurst and Blacket, London, 1856. 2 vols. 8vo.

An honest autobiography always possesses both interest and instruction. This is the case whether it be personal or professional. Mr. Chesterton's work is an honest autobiography of the professional kind, with much of the personal intermixed. It bears internal evidence of sincerity and outspoken candour. It introduces us to a gentleman discharging duties of almost an offensive nature, with firmness which degenerates not into tyranny, and with benevolence which never relaxes into weakness. When Mr. Chesterton accepted the office of governor to the great metropolitan prison, he found it a sink of iniquity. "a cage of impure birds." The warders carried on illicit commerce in every species of luxury, with prisoners who could afford to pay for them. Individual warders acknowledged that their gains from these perquisites amounted to £450 a year. The cells in the basement were converted into convenient cellar room for tobacco, wine, spirits, &c., which were doled out at extortionate prices. To the poor prisoner incarceration was a real punishment, for he enjoyed none of these things, and if he was not utterly corrupted, the promiscuous intercourse of the prison wards was sure to make him so. To the swell-mob's-man, or to the member of any gang who could supply means to an incarcerated comrade, a term of punishment only represented a period of enforced idleness, solaced by expensive de-

bauchery. In the roofs of the building, male and female prisoners had easy nightly access to each other, through the venal connivance of the turnkeys; and when a swell-mob's-man, whose success in depradation rendered him flush of money, was brought to undergo his sentence, he was met at the gate by one of the turnkeys with a hearty shake of the hand: "How *do* you do? how long have you got? we will take excellent care of you."

Mr. Chesterton set himself earnestly at work to reform the most glaring and injurious of these mal-practices; and the feelings of revenge he excited were so strong, that he was obliged to carry loaded pistols night and day. By slow-degrees he effected the removal of his corrupt and treacherous turnkeys. It appears that he was unable to discharge a turnkey, no matter how glaring the misconduct or gross the neglect which had been committed. The dismissals were made by the visiting justices after the crime had been proved; and so well organised was the combination of the corrupt turnkeys against the governor, so slow and difficult their removal, that the new turnkeys introduced into the midst of the vicious system, were rapidly infected with the vices of the place, and the progress of reform was hardly perceptible.

Mr. Chesterton's pages leave an impression upon the reader of the utter hopelessness of any attempts to reform *habitual* vice. Of drunkenness, he says, referring to the strange history of a young woman of good parentage, who had become a street-walker of the most degraded class, in consequence of her uncontrollable habits of intemperance.

"This disclosure presented one of my earliest insights into the all-absorbing and scarcely credible influence of the passion for ardent spirits; and after-experience taught me the utter hopelessness of reform, (especially in the female character,) when once that accursed craving had assumed a chronic form. No earthly consideration would seem equal to arrest the mastery of that unappeasable vice. In its vortex, every moral and social obligation becomes alike engulfed. The comforts of home, the advantages of station, or the sanctity of kindred, even of maternal ties, prove insufficient barriers against the inroads of that fatal thirst. It drowns all reflection, and plunges its willing votary into any excess of crime and dishonour for its own insatiate gratification."

The *habitual* thief also, he believes, is rarely, if ever reformed; in his midnight walks through the gaol corridors, he frequently heard plans for the commission of further offences, ardent longings for freedom to indulge a crime which had become a propensity. On such an occasion, he has heard a youth exclaim, "Lord, how I do love thieving, if I had thousands I would still be a thief."

"Another young miscreant openly professed his intention to seize the earliest opportunity to commit an abandoned crime, for he swore by a variety of obscene oaths, it was his ambition to assay every species of wickedness that he could possibly commit." This, and other examples with which the work abounds, will suggest to the reflecting psychologist that nothing can be more unsafe, nothing can be more untrue, than to attribute the invincible propensity to crime, and the most monstrous perversion of human instincts to mental disease. A physician of benevolent disposition, who has only studied the features of insanity, and compared them with the healthy manifestations of the well-conducted members of society, will, in the astonishment which the gaunt and distorted features and characteristics of crime for the first time present to him, be liable to mistake them for the result of disease. The study, therefore, of books like the one under our consideration, is essential to the information and culture of the alienist expert; for unless he knows the monstrous depths of iniquity, devotion to criminal indulgence, recklessness, and perverse preference of evil to good, which are capable of existing in whole classes of criminals, which may be reckoned upon as the natural results of a certain mode of life, he will never be able to distinguish the excesses of the criminal from those of the lunatic.

The distinctive classification which prevails among criminals is remarkable; for, although some rarely gifted individuals would be found to figure in turn under all the denominations of crime, still, as a rule, each one kept to his own line, and the frequent re-commitments of the same person were for repeated perpetrations of the same offence. Thus, the burglar, the pickpocket, the area sneak, the begging-letter impostor, and the termagant prostitute, kept to their distinctive phases of violence and craft. "One vice, however, was more or less conspicuous amongst all classes, and the debauchery universally prevailing, most generally resulted in confirmed drunkenness. Riotous behaviour, assaults, and wilful damage, were consequently fruitful causes of incarceration, and the recent felon became entitled to a less penal sentence, and thus it happened that vast numbers were in the course of time occupants of every ward in the prison."

It does not appear, however, that the hopelessness "of habitual thieves and systematic evil-doers" extends to first or casual offenders. Boileau indeed says:

“ Dans le crime il suffit qu’une fois on débute ;

“ Une chute toujours attire une autre chute.”

But the experience of Mr. Chesterton agrees with that of all other prison authorities, in rejecting the sombre opinion of the French Juvenal. A casual lapse from virtue and rectitude was constantly and frequently known to be followed by a life free from imputation of guilt. For many years 33 per cent. was the steady rate of re-commitments to the Cold Bath Fields Prison; and this ratio we understand Mr. Chesterton to indicate as that existing between the casual and the systematic offenders. He says, however, that there is a larger proportion of hopeful subjects among the men than among the women ; so “very many of the latter, under whatever form of conviction, belong to the loose order. Although during their residence they gave a steady adherence to the rules, became expert and industrious work-women, and exhibited a thousand good qualities, but then, alas ! as the hour of their release approached, they testified to the restless excitement of their former course, and discarded the forced sobriety of their late existence.” They came back again to prison, despite the counsels and recommendations of the chaplain, and the lavish patronage of the lady visitors. They came again, “sometimes under protracted sentences, but more assuredly under summary conviction.” Mr. Chesterton, however, gives one pleasing instance of reformation in which he assisted—that of Georgina Harrison, who supported herself by needlework which she obtained from the prison. She had, however, been attacked by paralysis. Mr. Chesterton remarks upon the torpid indifference which characterises this class. In the last moments of one who had been committed upwards of a hundred times. She asked him, “What harm had she done ?” “Many of them were in the habit of professing penitence to obtain a winter asylum, only to emerge and roam at large when summer returned, to render their life endurable.” There must, however, be very wide differences in the mode of life of this class of females ; for, if we remember rightly, Mr. Acton gives a very different account of the frequent termination of their career. We apprehend that in Mr. Chesterton’s examples, prostitution was associated with habitual drunkenness and violence, but that this association is by no means constant, or even frequent, in the less degraded members of the class.

In 1832, the cholera made its appearance in the wards of a prison over-crowded by the greatest number of commit-

ments which had taken place in any one year of Mr. Chesterton's government. These commitments amounted to the enormous number of 1243. Dr. Steevens, the founder of the saline treatment of Asiatic cholera, offered his gratuitous services, which were thankfully accepted by the visiting justices. Mr. Chesterton bears energetic evidence to the efficiency of this treatment; opposition to which he attributes, in his forcible language, to "spiteful professional jealousy and selfish unworthiness."

Sir David Barry and his coadjutors of the Board of Health visited the prison, examined the journals, and interrogated at length, the sufferers and the nurses; and they "left the prison declaring that they had failed to discover one single case of cholera within its walls." At this official repudiation of Dr. Steeven's saline wonders, Mr. Chesterton says, "I raised my hands with emotion, and testified my utter astonishment at the temerity of that scandalous assertion." On this point we are inclined to place more reliance on Sir David Barry and the medical board than in the governor; for, in another part of his volumes, he records other medical facts, in a manner which proves that his faculty for making medical observations was worth just nothing. The facts to which we refer are those of electro-phrenology, exhibited by a French physician named Leger, who manipulated the heads of his criminals under a swinging ball of sealing-wax, the oscillations of which manifested the electrical activity of their bumps.

Notwithstanding Mr. Chesterton's opinion of the excellence of this new modification of humbug, we suspect that he has slightly altered the manipulator's name, which ought to have been printed not Leger, but Legerdemain.

An instance of "the ruling passion strong in death" was afforded by the transfusion of salt water into the veins of a moribund burglar. When the action of the fluid had imparted temporary vigour, "the whole frame seemed to start into fitful agitation; the flickering energies of the soul rushed with morbid excitement into the train of details incidental to a burglary; the contortions of the body were accompanied by such hurried ejaculations as evinced an absorbing interest in the imaginary task. Associates were named, and terms applicable to the police, the dark lanthorn, and the crowbar, were energetically enunciated; and in such nefarious dreaminess this guilty man gradually passed into eternity."

Some instances are given of what the author calls a moral

phenomenon, and which certainly does appear to verge more closely upon insanity than much of the vicious conduct which has been strenuously attributed thereunto.

One instance will suffice. The inhabitants of a square had been scandalised by the ladies within the enclosure having been repeatedly insulted by the most shameful indecencies. The culprit was apprehended, and was found to be a man about 30 years of age, of independent fortune, living in elegance in the west end of the town. He had only been married to a young and accomplished woman six months, ere his vile propensities led to this frightful exposure.

Another case was that of an honourable cousin to a noble duke. Mr. Chesterton properly refers these crimes to the "inexplicable freaks of unruly passion;" and we infer from his account, that the culprits exhibited no symptoms of mental weakness, and that they were cured of their revolting conduct by the stern discipline to which it subjected them.

Into the discussion of the relative merits of the silent and separate systems, we cannot fully enter. Mr. Chesterton is a strenuous opponent of the separate system, on the ground of its inhumanity. We think that he overstrains this argument, but we, at the same time, entertain the opinion that in a properly constructed prison, with abundance of room and of officers, with a vigilant and stringent discipline, the silent system, effectually carried out, would prove far more successful in the correction and reform of criminals than its more favoured rival. By shutting a man up by himself in a small cell, the incitements to criminal dispositions are excluded to a greater extent than by perhaps any other means; but the incitements to good dispositions are also excluded, and the intellect becomes weakened. No calls are made upon the exercise of the judgment, upon prudence, and self-denial, and at the end of his sentence the individual emerges etiolated in mind and in body. The man, perhaps, is weakened for harm, but he is not strengthened for good. The weakening process, moreover, as a mere weakening process, is objectionable on account of its expense. Would not a due amount of bleeding and purging reduce a man's bad passions in a fortnight, as effectually as solitary confinement will do in a year? Not that we advocate such treatment; but we suggest the comparison, since it indicates that what is done by solitary confinement is done slowly, clumsily, and extravagantly.

The silent system, on the other hand, although far more

difficult than the separate system, promises for correctional purposes to be far more efficacious. It is emphatically a system of discipline, of rule, order, obedience; whereas the separate system is emphatically devoid of discipline; for what rule, order, and obedience, can reach a man incarcerated by himself within four stone walls. The silent system brings the mind of the criminal into constant contact with the minds of his *disciplants*, the governor and his assistants. It is an energetic system in contrast to an idle one; for it necessitates stringent rules to be diligently enforced by constant watchfulness on the part of the governors, and it necessitates the exercise of prudence, self-denial, and the constant practice in the choice between a present small pleasure, and a remote but greater pain on the part of the governed. That is, it exercises the mental faculties of the criminals in the very manner wherein they have never before been exercised; and by exercise, it develops that strength to resist temptation which a life of unbridled indulgence and thoughtless passion has never before evoked. The watchfulness of the most skilful trainer may not exclude the incitements to emotion so completely as four white-washed walls can do; but it leaves the way open to the admission of laudable incitements, to those of honourable emulation, good feeling and gratitude. It is, in fact, a living system like that of the world, and not a petrified sham! It endeavours to imitate the workings of Him who bestowed upon man his nature, who ordained that all his faculties should be strengthened by exercise, that pain should attach to disobedience, and that by prudent self-denial and observance of law, the well-being of the individual should be preserved; or, if lost by error, should be reclaimed.

Mr. Chesterton had a good round quarrel with the Inspectors of prisons, or more especially with one of them, the Rev. Whitworth Russel, on what he considers his unfair representation of the merits and demerits of the conflicting systems. In parallel columns, he contrasts the Rev. Inspector's opinions at different periods of his inspectorial career; and he certainly convicts the Rev. gentleman not only of making use of strong language, but of using it with pretty equal adroitness on both sides.

Some witty Frenchman has lately employed the same mode of refutation against that most Catholic newspaper, *L'Univers*, but the French courts have decided that the brochure *L'Univers jugé par lui même*, is a libel, because to prove the editor fickle and inconstant in his opinions, tends to bring him

into contempt. The Rev. Whitworth Russel, *jugé par lui même*, according to the shewing of Mr. Chesterton, certainly did not display those qualities which the exponent of a philosophical question passing immediately into actual and important practice ought to possess, and we fear that Mr. Chesterton's pages will have some tendency to detract from the authority of the prison Inspectors.

Mr. Chesterton is a strenuous opponent of the separate system, because in his opinion it is a cruel and useless torture, devoid of efficacy in the reformation of criminals, although producing prostration of the nervous system and depression of spirit, the symptoms of which are too often mistaken for genuine repentance.

With regard to its effect upon the mortality of the prisons, he states that the relative mortality at Cold Bath Fields, and the Eastern Penitentiary at Philadelphia, was in the proportion of 42 to 350. We fully concur in his objection to the solitary system, on the ground that it merely tends to debilitate the mind and nervous system, without improving the disposition, is well founded; and we believe that the silent system has a just claim to the praise which he bestows upon it, as resembling more nearly the state of trial and discipline, by which the mind of man is naturally invigorated to resist temptation and overcome evil habits.

"In separate confinement the only practical lesson is that of patient endurance. There is nothing analogous to the hourly collision with the social world. Man is required to cultivate virtues which shall stand the test of tribulation, and the word implies something more than patience under the gloom of solitude. In vain may the prisoner become imbued with a shallow devotion, and pronounce the study of the Bible a pleasure. It may be that he seizes upon these resources, because none other are available. The forty and upwards who returned to Philadelphia Penitentiary, had, doubtless, in their time of seclusion, professed the same religious fervour, since MM. Beaumont and De Tocqueville found it to be the distinguishing mark of *all*. Those ebullitions of piety resulting in most cases from morbid sensibility, vanished on the first serious trial of their vitality."

Mr. Chesterton's experiences have convinced him that the reform of habitual criminals is perfectly hopeless; his "strong infusion of pristine hope in the reclaimable qualities of the lawless, became by degrees diluted, until it entirely evaporated." However, the public have been "misled upon the subject of prison reform by the empirical pretensions of visionary minds," the results have proved a mere phantom of the brain, and have never been realized, and are never likely to be.

"My experience has shewn me that a large class of convicts are (with the rarest exceptions) utterly hopeless; that he who embraces thievery as a *craft*, receives the deepest imaginable taint from the flagitious vices in which the

professional thief indulges; that it unfits him for quiet, persevering industry, for monotonous toil and domestic sobriety, and embues his mind with an unextinguishable taste for riot, lasciviousness and intemperance; that, notwithstanding the benignant reflections of the pious and merciful, who cling to the hope that no man can be accounted utterly lost; the sad realities which I have contemplated compel me to aver that at least nine-tenths of habitual depredators have no desire or intention to forsake their guilty courses. They love the vices in which they have revelled, and pertinaciously resolve to adhere to them."

The Surgeon of the Cold Bath Fields Prison was a much enduring man, liable to constant imposition from simulated ailments. Throngs of vigorous men constantly attempted to impose on him by the most shallow pretences of illness, "varying from the cutting at the heart, to epileptic fits, and insanity." On the simulation of insanity the author remarks:

"Some would occasionally simulate insanity, and display the wildest freaks; but those to whom that cruel malady had been familiar, were rarely misled by its assumption, and that guise became the least successful of all adopted arts. It is inconceivable how difficult is the task, effectually, to copy the gestures and incoherency of the really insane. There is something so touchingly sad in the disordered demeanour, and senseless discourses of that afflicted class, that fictitious cheats utterly fail to produce any other impression than that of contempt and disgust. On one occasion a fellow jumped from the treadmill, stripped off his clothes, and bounded over the railings of an elevated stage unto the yard, (at least fourteen feet of descent) in a perfect state of nudity. There he cut the most grotesque capers; but his contortions and extravagance proclaimed the imposture, and the refractory cell effected a very speedy remedy against any farther outbreak.

"Unhappily we were never without miserable objects, whose violation of the law was erroneously ascribed to intemperance, and the cases were not rare in which there was but one step from the police-court to the lunatic asylum. The law provides a machinery for their removal from prisons, and meantime padded cells and other suitable appliances existed there, to be used as the surgeon might direct. We were, therefore too conversant with the indications of indisputable aberration of mind to be easily deceived by the exhibitions of knaves."

The author's experiences are instructive on the subject of long Fasting. In two instances this was continued for eleven and thirteen days respectively, without the slightest injury to the health of the patient. We know that similar instances have occurred in the wards of lunatic asylums with similar results; but we have seen many instances in which a prolonged fast has been the commencement of a slow but sure decadence of the powers of life; and as a rule, we think it would be extremely hazardous to imitate among the insane Mr. Chesterton's treatment of criminal fasters.

"Two cases of sullen obstinacy were remarkable, both as exhibiting a morbid resolution, hazardous to life, and presenting results, ill according with general notions on the subject of lengthened abstinence.

"A prisoner named Charles Monk (I give the name freely, because the man returned to the prison thereafter more than once, and the fact really requires more than ordinary attestation,) was seized with a fit of moroseness, and sulkily refused to eat. It was vain to reason with, or even to entreat him; he was

inexorable, and declined all food, although it was daily offered to him. He continued in this unbending frame of mind *eleven* days, without any visible impression upon his health. After fasting during the whole of that time (in the interim merely sipping a little cold water which was always placed in his cell,) he suddenly relented, asked for a meal, and ate it with avidity. The gloom that had clouded his face was now dissipated, and his countenance beamed with complacent smiles. The singular part of the matter was, that neither throughout his long abstinence did he for an instant appear to suffer, nor were any ill effects from his protracted fast thereafter discernible. He returned with alacrity to the ordinary occupations of the prison, and became thenceforth a pattern of docility.

"I have already described the contumacy of some of our choicest specimens of female stubbornness, and have made especial mention of a girl named Bridget Summers. Amongst other evidences of that strange creature's resolute endurance was a sudden determination to take no food, and unlike Charles Monk, she abstained even from a single cup of water. During *thirteen* days did she continue in this obstinate mood, and no reasoning or entreaty produced the slightest effect upon her. At length, nature could hold out no longer, and she arose from the almost fixed position she had at first assumed, and pertly demanded her breakfast. Each of the thirteen preceding mornings she had arisen, made her bed in the prescribed form, and then, seating herself upon the iron trussel, placed her elbows on her knees, and burying her hands, sat for the rest of the day, absorbed in her own sullen humour. She uttered nothing but saucy invectives, and pertinaciously refused to exchange one word with me. Of necessity, she was a source of anxiety to every person charged with her safety; but, in her instance, as well as in the former, not the slightest ailment appeared to result from that abstinence. She was a girl of small but wiry frame, and judging from the severe inflictions, self imposed, which she had endured in this prison alone, she must have possessed a constitution of unusual strength.

"With these two examples to guide, I became indifferent to an occasional exhibition of this nature. Whenever a case of sullen abstinence arose, and was reported to me in my progress through the wards, I made it a point to display the utmost unconcern, and even to appear to encourage, rather than check such a freak of temper. In the hearing of the entire class, I used to exclaim, 'With all my heart, let him abstain from food by all means. A fast of a fortnight will do him more good than harm, and the country will reap the benefit!' Then citing the two bygone cases, the simpleton was left to his reflections.

"The experiment had usually been made under the hope that it would alarm and mortify me, but my well-feigned indifference, and above all, the cases in point seemed to operate with marvellous conclusiveness, and to work the conviction that the penalty of perseverance was too severe to be incurred. A speedy relapse from contumacy into docility, would end in a thankful acceptance of the next meal, and even the ultra-dogged would relent within twenty-four hours, at furthest."

Mr. Chesterton advocates the moderate use of corporeal punishment, and it surprises us to read that the *cat-o'-nine-tails* was occasionally administered to prisoners for the use of abusive language to the governor; and that prisoners were liable to a prolongation of their sentence for six months with hard labour for personal attacks upon the warders. Mr. Chesterton thinks that a little birch rod to criminal boys would be far preferable to confinement upon bread and water, and he would extend this discipline even to the gentler sex, if the "abandoned criminal girls" whose "inconceivable wickedness

was absolutely appalling," can be said to belong to the gentler sex.

"Their violence and their indecency shocked every beholder, while the punishment provided by law for their offences in prison was restricted to solitary confinement, on bread and water, at which they positively mocked.

"Manual correction by a woman in the presence of women only, would induce salutary intimidation, and tend to repress scenes too painful to contemplate."

Our author has an interesting chapter on the late chairman to the Colney Hatch lunatic asylum, Mr. Benjamin Rotch. This gentleman, who for many years exercised an almost despotic power over the magistracy of Middlesex, appears to have been in some respects a fit object for psychiatric care. He was a man full of whims, or as Mr. Chesterton terms them, hallucinations, and whatever hobby he mounted, he rode with whip and spur. One of his hallucinations was teetotalism, and we well remember to have enjoyed a wicked satisfaction at an incident which occurred when the foundation of Colney Hatch was laid with all that pomp and ceremony of marital Majesty by H. R. H. Prince Albert. On that great occasion, the county of Middlesex fêted H. R. Highness at a déjeuner of costly magnificence; but Mr. Benjamin Rotch being lord paramount, improved the occasion to give H. R. Highness and suite, and the notabilities of the county there assembled, a practical lesson on the blessings of teetotalism. Not one drop of liquor stronger than soda water was permitted to pass the lips of the assembled guests, even ginger beer was forbidden, lest its fugitive fermentation might have generated some traces of the detested alchocol. But while Mr. Benjamin Rotch was thrusting teetotalism down the unwilling pharynx of the great, he had forgotten the clerks and surveyors, and many, other persons whose utility exceeded their importance. These gentlemen had a champagne breakfast in the most approved fashion of joviality and enjoyment, actually within hearing of Mr. Rotch and his illustrious Recabites.

"The career of the late Mr. Benjamin Rotch was strangely chequered by the multiplicity of his projects, and the manifold phases of his speculations; and as he generally contrived to embroil himself, his public life was marked by an unusual amount of contention, and may be said to have been one of ceaseless strife. He had, however, rendered himself unenviably conspicuous by a step which necessitated his retirement from the chair of the court to which he had been elevated on the secession of Mr. Marriott. As chairman of the sessions of the *peace*, he had challenged to hostile conflict the Lord Mayor of London, who, instead of appointing a meeting, moved for a criminal information against his adversary.

"At length, after testing a succession of strange enterprises, Mr. Rotch became infatuated in his zeal for teetotalism, frequently took the chair at meetings to promote it, and lectured in public in commendation of its principles. His fervour in that cause led him actually to determine that the largest prison

in the world (Cold Bath Fields,) should be distinguished by that anchorite rule; and with preliminary wariness, he adopted a mild and almost deferential tone towards the chaplains and myself, to procure, as he himself professed, our 'sanction' to his delivering lectures to the prisoners on the evils of intemperance and the efficacy of total abstinence. His proposition was advanced with so much courtesy and suavity, that no suspicion lurked in our minds as to his ulterior designs; and his first lecture was inaugurated by the attendance of myself and various disciplinary officers, and, by his express desire, was delivered to the morally worst class the prison then contained. This class consisted of upwards of eighty, all of whom were what is termed 'common thieves'. To these poor ignorant listeners, Mr. Rotch finally professed his readiness to administer the pledge; to all, indeed, who were convinced by his reasoning, and might be thereafter desirous to lead a life of sobriety. All volunteers to adopt the pledge were requested to stand up; and, to the dismay of Mr. Rotch, and the amusement of those who witnessed the scene, all jumped up with *empressment*, except three. The force of that general response to so novel a proposition, and moreover, considering the dissipated habits of such evanescent votaries, was too much even for Mr. Rotch's equanimity, and he became unutterably abashed. He confessed to me his chagrin at a demonstration which portended so little sincerity, but even he could not withhold his admiration of the honesty of the three demurring thieves, who candidly avowed they would not consent to take a pledge which they full well knew they should never be able to observe.

"The first step having been thus accomplished, Mr. Rotch soon extended his lectures to other classes, and, in compliance with his desire, I was present at their delivery; until I discovered that the anecdotes with which he embellished his discourses assumed, with every fresh relation, a new phase, and noting perforce this unsatisfactory variation in the details of professed facts, I became convinced they were not real occurrences, but simply interesting fictions. I consequently withdrew my attendance by degrees, and at length abstained altogether from lending an ear to the endless repetitions in the theme itself, and to the altered form of reiterated fables.

"The last lecture which I attended was one addressed to the females, and the ensuing illustration of the fatal influence of intoxication was pronounced. I give the quotation, as near as I can possibly remember it, *verbatim*, and I pledge my word that I deal in no exaggeration: 'When I was travelling in India,' said the lecturer, 'I met a tribe of 40,000 Indians, (such were the identical terms.) Erect and stalwart were the men, with the fire of warriors in each eye, and the development of physical prowess in the frame. After an absence of some six or eight months, on my return I again encountered the same tribe. But alas! what a change was there. The 40,000 had been reduced to 4,000, and the remnant were a weak and emaciated set of objects. When I came to inquire what fatal scourge had worked so shocking a mortality, I was told the *fire-water* of the white man had caused that appalling wreck.'

"Another strange and egotistical recital also graced that day's eloquence and the two romances wrote the final consumption of my progressive incredulity.

"So far as I could discern, there was scarcely a magistrate who did not disapprove of his unusual departure from the legitimate functions of a visiting justice; but Mr. Rotch was a man with whom a rupture might beget unappeasable acrimony, and nothing was done to arrest his innovations. A vast effort continued therefore, to be made to extend conversions to teetotalism, and the adhesion and co-operation of the prison officers were next invoked. All adherents were eulogised and exalted, and all disclaimers were depreciated and traduced. Many a weak and servile functionary became an expectant convert, while those of manlier mind rejected all such overtures, until at length a painful schism pervaded the establishment, and a social war raged between the conflicting warders, which received an impetus from countenance elsewhere.

"Hostilities were proclaimed against porter, and the evening in-staying guard was constrained to accept coffee as a substitute. The gate warden was

removed from his post to avert the intrusion of beer, and a *professing* convert to teetotalism was advanced to that post over the heads of upwards of sixty men, his seniors in standing, and unquestionably his superiors in qualifications. In short, disorganization prevailed, espionage was encouraged, and idle rumours, baseless charges, and mock abuses, constituted grounds for vexatious investigations, until that enormous establishment was rent by complicated intrigues, by internal broils, and by a state of anarchy, which threatened to derange the whole machinery of its discipline.

"In the midst of all his turmoil, one could scarcely fail to marvel at Mr. Rotch's rare indefatigability, (worthy indeed of a better cause,) for he was at the prison gate, day after day, shortly after six in the morning, and would continue taking notes, and administering pledges for successive hours. No sooner had a prisoner subscribed to teetotalism, than he easily convinced Mr. Rotch of his innocence! I need hardly say that my very long experience of such slippery characters as Mr. Rotch was prompt to confide in, enabled me more liable to appreciate their claims to innocence, and, I was not a little amused at the egregious faith in the flimsy pretensions I have before expressed.

"At length, in his converse with these men, he seemed to be absolutely bereft of ordinary penetration, for he proceeded to hold out the hope of pardon to many, under long sentences, who might be disposed to emigrate to Australia, and there engage in the vocation of shepherd. Under this newly-promised dispensation Mr. Rotch professed to give instruction in sheep-shearing; and one obscure morning a butcher's man arrived, bearing an order in his hand, and a live sheep on his shoulders; and, forthwith, in a small dark room, by the public light of a tallow candle, was Mr. Rotch, surrounded by a class of felons. (would be shepherds,) and there he caused the trembling animal to be sheared for the edification of his class.

"I duly inserted in my journal, a note of that strange introduction and its purpose; and thus, so singular a manœuvre transpired, and was hailed with all but universal ridicule. It invited the gibes of a weekly newspaper, and the ordinary hebdomadal newsvenders programme, circulated throughout the metropolis, the doings of 'Drinkwater Rotch, the Sheepshearing Magistrate,' in large type. Throughout all those disturbing incidents I had to endure every species of obloquy and contumely. I was well sustained by a decided majority of the visiting committee, against which, Mr. Rotch's machinations were forced by degrees to recede. At length he received his final *coup de grace*, by the dignified rebuke of a magistrate, now a M. P., whose influence was the result of position, worth, and talents, combined. I can never forget that gentle, but crushing reproof, which seemed forthwith to fire up the whole committee; and, thus, the earnest protest of a gentleman defeated the warped imaginations and puerile designs which had marked the speculations of an erratic mind."

"The court confirmed that censure, by refusing to re-elect Mr. Rotch to be a visiting justice. In due time, a characteristic delinquency caused the removal of the intrusive *soi-distant* teetotal gate-warder. The temporary prohibition against porter was rescinded, teetotalism and its lecturing warders, (made public spouters by Mr. Rotch,) fell into gradual contempt; worth and efficiency in prison officers eclipsed the transient influence of mere water-drinkers; unanimity once more prevailed, and all the past machinery of discord, espionage, irritation, and pledge administration vanished. Mr. Rotch, ill able to disguise his supreme mortification, omitted no opportunity to disparage Cold Bath Fields; and at length gave vent to his resentment in open court, by denouncing the blindness of the Home Office in declining to sanction the transformation of English felons into Australian shepherds, or, mayhap, into bushrangers; and thus terminated a protracted hubbub, which ultimately resolved itself into much ado about nothing."

Such is the half-painful, half-amusing account given of Mr. Rotch's vagaries; but what explanation can be offered of the choice of the Middlesex magistrates, in electing such

a man to be the chairman of their magnificent asylum at Colney Hatch? Arago, before conversing with a lunatic, required to be assured that the disease was not infectious. Doubtless not. But the frequenters of asylums acquire a great indulgence for erratic minds. "*Nec ipse forsans insano, sed insanientes sequor.*"

In taking leave of Mr. Chesterton's work, we strongly recommend it to our associates. A man who publishes a history of a professional life may be pardoned for faults of style, or even for occasional deficiencies of judgment. If he possesses the great redeeming virtue of candour, the records of his experience cannot fail to be profitable and instructive to others. This virtue of outspoken truthfulness Mr. Chesterton possesses in no ordinary degree. He tells us of his own personal short-comings and errors, with an ingenuousness which wins our respect. He glosses over nothing, and we know not whether he is more deserving of praise for the courage with which he expresses painful and disagreeable truth, or for the preservation of kindly feeling towards his fellow men after a quarter of a century spent in the custody and control of the rascality and villany of the largest town population which has ever existed.

J. C. B.

Report of Her Majesty's Commissioners appointed to enquire into the State of Lunatic Asylums in Scotland, and the existing Law in reference to Lunatics and Lunatic Asylums in that part of the United Kingdom. 1857.

Debate in the House of Commons, Friday, May 29th, 1857.

On few occasions has the great heart of the public been more deeply moved than by the recent revelations of the Scotch Lunacy Report. The report itself is a document remarkable not only for the information it contains, but for the soundness of opinions which it expresses, and for its general good sense, moderation, and justice. It is excellent, both in matter and manner, and is highly creditable not only to the whole of the Commissioners, whose industry in their vocation it illustrates, and whose opinions it enunciates, but it is so in the highest degree to the particular Commissioner to whom was entrusted the task of drawing it up, and whose enlightened

views and wide knowledge on the subject of insanity, our associates will have no difficulty in recognising.

But two large volumes of Blue Book, containing nearly 800 pages, are too ponderous and weighty a missile to move public feeling, in the immediate and vehement degree which these exposures have effected. As the great stone shot which the Turks once used, permitted the object aimed at to pass forward out of the line of aim before it could be struck, so would public opinion have passed forward to newer objects of interest, had it been left to this great Blue Book to tell its tale unassisted by the winged words of the orator. Mr. Ellice's speech, however, has arrested the attention of all men, and fixed it with painful fascination upon the tale of wretchedness and neglect to which the unhappy insane in Scotland have been subjected.

It appears from the speech of the Lord Advocate, that it has long been known to the people of Scotland that the condition of the insane was "a disgrace and a scandal to that country." A bill had indeed been introduced for the purpose of remedying this state of affairs by Lord Rutherford; but twelve of the Scotch counties petitioned against it, and not a single one petitioned in its favour.

The ethical principles which have permitted the whole Scotch nation to acquiesce in that which the Lord Advocate calls a well-known disgrace and scandal, would form a curious study in sociological science. The fact is certainly not to be explained by any supposed indifference to the right treatment of insanity; for not only does Scotland at present contain most eminent practitioners in this department of medical science, but it has supplied this country also with physicians who have attained the highest repute and success as alienist physicians. The English Lunacy Commission, moreover, has contained a large proportion of Scotchmen. The late Dr. Hume and the lamented Mylne were Scotchmen; and at the present time one-third of the appointments are filled by natives of that country. While England has had the benefit of the services of these gentlemen, to assist in placing the care and treatment of the insane on the present satisfactory footing, the pauper insane of Scotland, neglected alike by the sheriffs and lawyers, by doctors, justices, and clergymen, have been left in a condition whose disclosure has caused a profound sense of shame and regret in many a noble Scotch heart, deeply affected not only with love of country, but with that of the human race.

We shall not follow the member for St. Andrew's through

the severe analysis which he has made of the Commissioners' report, or the eloquent appeal which he founded thereupon, with the very proper purpose of moving the Legislature to immediate action. He has selected and quoted all the most painful paragraphs contained in the report. Unfortunately, our readers are already too well acquainted with the terrible cruelties which fear, ignorance, or economy, have inflicted upon the insane poor in other countries besides Scotland. The only point upon which the Secretary of State for the Home Department differed from Mr. Ellice, was upon the statement of the latter, that the lunacy law in Scotland was far from being defective; that it provided safeguards and securities for the proper care and treatment of the insane; and that the evils brought to light in the report arose solely from the defective administration of that law. The key to most of the abuses detailed in the report, Sir George Grey affirmed was to be found in one of the concluding paragraphs: "Gross anomalies exist in the statute; thus, the statute requires that pauper lunatics should be sent to a public asylum, while it omits to make any provision by enactment for the erection of such establishments." The consequence, as Sir George Grey observed, has been, that "there does not exist, at the present moment, in Scotland one single establishment supported by local rates, or by public funds appropriated by the State." In this respect, the lunacy law of Scotland is, no doubt, most defective, and it becomes the Government to introduce without delay an asylums act, based on the same principles as that which has provided humane and skilful care and treatment for so many thousands of the insane poor of England and Wales.

But Mr. Ellice did not speak without grounds, when he affirmed that the existing lunacy law did provide safeguards which were rendered of no avail by defective administration of the law; and he especially fixed the charge of mal-administration upon the Board of Supervision, which corresponds with our Poor-law Board.

The first part of the report of the Commission consists of an abstract of the existing law of Scotland on the subject of lunacy. It contains little which would be of interest to our readers, and as a large portion of this law is likely to be replaced without delay, by more efficient enactments, it will soon lose what little interest it at present may possess.

The second part consists of a statement of the number of lunatics at present in Scotland, and of the manner in which they are distributed. The returns were obtained through the

instrumentality of the police force, and are believed to approximate closely to the actual number.

The total number of the insane in Scotland is returned as 7,403. Of these, 768 are lunatics supposed to be curable; 4,032 are lunatics supposed to be incurable; 2,603 are congenital idiots and imbeciles. Only 3,328 are under the special protection of the law; 253 are in poor-houses not under the Sheriff's warrant; 3,798 are with relations or strangers, or living alone; 24 are in unlicensed establishments. Of the total number, 3,736 are males, 3,667 are females. The Commissioners remark upon the fact, that the pauper population of the country, amounting to 79,887 persons, yields more than one half of the insane of the kingdom, namely, 3,904, a proof of the powerful affinity that exists between poverty and mental disease. "A person of feeble or diseased brain, if left to his own resources, naturally sinks in the social scale, and is ultimately reduced to a state of pauperism. On the other hand, the cares that attend poverty, in conjunction with the deteriorating agency of scanty and insufficient food, have a powerful influence in weakening the mental powers and inducing insanity.

The number of illegitimate children who have been born to idiotic mothers is justly adduced as a painful illustration of the evils resulting from imperfect provision for pauper lunatics. The number ascertained was not less than 126, but many cases are believed to have escaped observation, or to be designedly concealed.

The ratio of the insane for the whole population is calculated to be in the proportion of 2.562 per thousand, or one insane person to every 390 of the population.

The inquiries of the Commissioners have not enabled them to decide whether or not the number of the insane is on the increase, but they have afforded them grounds for the opinion that civilization, which leads to an improved condition of the people, is not productive of insanity. They prove, that in those counties which are exposed to influences that excite the mental activity, the proportion of congenital cases of mental disease is 4.19 per ten thousand of the population, while in those counties remote from such influences the proportion is 15.62 per ten thousand of the population. "It thus appears that the Highland population contains more than three times the number of congenital cases of mental disease found in an equal lowland population." We doubt whether the whole, or even a large portion of this remarkable excess, is to be fairly attributed to the cause assigned by the Com-

missioners, namely, "stagnation of thought." Mountainous districts, from causes not as yet well known, are in all parts of the world the peculiar *habitat* of idiotcy, and in the Scotch mountains where feudal clanship retains a greater hold upon the manners and habits of the people than is to be found elsewhere, the frequent inter-marriages are a fruitful source of cerebral deficiency.

The third part of the report contains a statement of the condition of asylums and other establishments for the insane in Scotland. There are seven establishments called Chartered Asylums capable of admitting 722 private, and 1,522 pauper patients. This accommodation for the insane, enforced by no legislative enactments, is assumed by the Commissioners to be "a proof of the interest excited in Scotland by this most destitute portion of the community;" and they give great credit to the Directors for their willingness to abandon sites and buildings, which experience has proved to be objectionable. The emphatic manner in which this is dwelt upon, suggests the idea that some of the Commissioners were not unmindful of great difficulties which they have experienced in England in their attempts to persuade the governors of some hospitals and borough asylums to do likewise.

The total capital expenditure made by the several chartered asylums for land, buildings, and furniture, amounted to the sum of £352,632. This, sum derived from charitable sources, is munificent indeed, but it scarcely affords a sufficient ground for the establishment of a meritorious set-off against the demerit of resisting the enactment of laws for providing accommodation for the insane poor by public rates; unless it can be shewn that the authors of the good and of the evil are identical. Would not the noble-minded men who subscribed these hundreds of thousands have repudiated the views of the parochial economists who resisted Lord Rutherford's bill?

The locality of the Chartered Asylums is, in some respects, unfortunate. They are concentrated at short distances from each other, within a small part of the area of the kingdom; and there is not one asylum in any county within the Highland line. Remoteness from an asylum affords a temptation to detain the insane poor at home, so long as they are peaceable and manageable, and it is only when they become ungovernable, dirty, or expensive that the parishes consider it their interest to take measures for their removal." The just inference is, that public asylums should be provided

within easy reach of all parts of the country, and that small and accessible institutions should be preferred to larger ones, demanding a greater radius for their supply. The Commissioners supply further reasons for preferring asylums of smaller size.

“The size of an asylum has a considerable influence upon the condition of the patients; and it may be considered as a settled rule, that, everything else being equal, moderate-sized asylums can be more efficiently conducted than large institutions.

“It will be seen by reference to Appendix B, that the chartered asylums vary considerably in size,—the largest, that of Edinburgh, containing accommodation for 467 patients, whilst the Perth asylum only accommodates 183.

“In addition to the advantages to be derived from treatment in an asylum of moderate size, there can be no doubt that large central establishments are not so well adapted to meet the wants of the community, as smaller local asylums, to which patients could be readily sent. Besides, we have reason to believe that the patients themselves prefer the smaller houses, where their individuality is more recognised, and where they have a more home-like feeling.

The Commissioners state that most of the Chartered Asylums are well constructed, and afford good accommodation, but they object to some faulty arrangements, such as double galleries, stone floors, deficient means of warming and ventilating, dark seclusion rooms, central staircases for inspection, and open galleries for exercise. We do not participate to their objection to the latter arrangement, as we know by experience that an open corridor or cloister is of the greatest advantage for the purpose of open-air exercise during the continuance of bad weather. The only valid objection to it is that in a pauper asylum it costs money which may be better expended. We entirely agree with the opinions expressed in the following paragraph, and we are happy to find that the cottage system introduced and long advocated by ourselves, has, at length, received so high a sanction.

“We are disposed to advocate the erection of the more simple and ordinary buildings for the poor, having a more domestic aspect and arrangement. Greater economy in construction, and a larger amount of comfort to the inmates, would, we conceive, be obtained, if all the internal space were made available, as far as practicable, for sleeping accommodation, and for day-rooms from which a ready access to the open air could be obtained.

“There is little doubt that to be near home, and to be surrounded with homely objects, in dwellings having a domestic character, and affording opportunities for ordinary daily occupation in household work, by arrangements familiar to them at home, are grateful to the feelings of poor patients, who, generally, prefer an inferior description of accommodation of this kind to the spacious galleries provided in some of the public asylums. In such plain, domestic buildings, a more contented frame of mind is likely to arise, which is highly important as conducive to mental restoration.”

The proportion of single sleeping rooms in the several chartered asylums, differs greatly. At Aberdeen, there are

122 for 223 patients; at Glasgow, 57 for 263 patients; at Dumfries, only three single rooms for 192 patients.

"But Dr. Brown says, that this distribution of the patients is neither what the architect intended, or what he, as superintendent, could wish. In his evidence, he names one-fifth of single rooms as the proportion absolutely necessary for the proper treatment of the patients, but expresses an opinion that one of two-fifths would be advantageous."

On this subject, the Commissioners themselves state that "it is worthy of remark, that the mortality is generally greater in those asylums in which the patients are chiefly placed in large dormitories, than in those in which small sleeping rooms prevail." We have always heard the arrangement which dispenses with a moderate proportion of single sleeping rooms recommended on the favourable experience of the Scotch asylums. It is gratifying to find that a plan so calculated to introduce discomfort and multiply accidents in asylums does not receive the support of the highest authorities even of the country from whence it was introduced.

The Chartered Asylums are so full, that at many of them admission has been refused to numerous patients. At Montrose, patients have been still admitted into an overcrowded asylum, an attempt "to meet the pressing wants of the community," of which the Commissioners question the wisdom, "there being no doubt that asylums are injuriously affected by being overcrowded." It is a choice of evils, and "the wiser proceeding" will be to choose that which appears the least evil of the two, under the existing circumstances. To refuse admission, if serious overcrowding already exists. To overcrowd a little, if the "pressing wants of the community" are urgent.

The management of the Chartered Asylums is conducted by boards of directors holding that post either ex-officio or for life, or by annual election by the contributors.

"As a general rule, the directors ex-officio, take little part in the business of the asylum; and, as the general meetings of the contributors are generally very thinly attended, the management has a tendency to lapse into the hands of a few individuals."

Generally, the management has been ably conducted. The Perth asylum has been distinguished by a laxity of management, and by the high rates of maintenance charged for the insane poor.

"Parishes have been frequently called upon to pay the rate of £28, £30, and occasionally, even £32 a year for their insane poor, or from £6 to £8 above the rates of the other asylums, with the exception of that of Glasgow; these uncertain charges being caused by the varying quantities of clothing and bedding supplied to the patients."

Before the great rise in prices, the maintenance charge in English asylums averaged about £20 a year; they now average about £26; so that it appears that the charges made for the care and treatment of the insane poor in Scotland are really as high as those made in this country, where prices are higher and wants are greater.

The Commissioners have some sensible remarks upon the rates of payment for care and maintenance in the Chartered Asylums. The rates for private patients vary greatly, from £300 a year, and even higher, to the same rate as that charged for paupers, and for which they receive precisely the same treatment, and occupy the same wards as paupers; an arrangement which, for educated persons, "instead of providing a benefit, often becomes a misfortune;" inasmuch as patients "should be placed in apartments and among associates such as they have been accustomed to, previous to the attack of insanity." The Commissioners found that there was "a great want of suitable accommodation for patients, who, though in poor circumstances, cannot properly be considered paupers." In many instances they are detained at home until the disorder becomes incurable, in others, admission is gained for them into chartered asylums as paupers, by a pecuniary arrangement with the parochial authorities.

"Such evasive proceedings are, nevertheless, indicative of the want of some proper legal provision for this class of the insane, whereby neglect of the patient would be prevented, without the necessity being incurred of constituting him a pauper. Without entering into all the arguments which might be adduced in favour of such a proposition, we may state that, on equitable grounds alone, it would appear that the class to which we refer, has some claim for more consideration on the part of the legislature. As ratepayers, they have contributed their share to the maintenance of the pauper insane, and it seems but just that they themselves, when attacked with insanity, under circumstances requiring assistance, should receive benefits similar to those which they have helped to provide for the poorest members of the community.

"We have made allusion to these facts, as well worthy to be remembered, when forming an estimate of the amount and kind of accommodation required for the insane. It should embrace the wants of those who are reduced to the verge of pauperism, as well as of the patients who are actually paupers."

Moreover, the whole body of insane paupers "are not as a class so low in the scale of society as the ordinary inmates of a workhouse. The heavy expenses of a protracted ailment absorb the resources of the middle classes, and convert into paupers many persons who have a claim to be considered as belonging to a different grade."

The payments for paupers vary according to what are called privileged or non-privileged rates; the latter ranged in 1854, from £21, without clothing, at Dundee, to £27 a year

with clothing, at Perth. In some of the asylums, the amount occasionally reaches £30 a year. "The cause of the excess lies in the supplies of clothing and tobacco to the patients." The Commissioners think that the above high scale of charges materially affects the condition of the insane throughout the country, and that parochial boards have, solely from motives of economy, retained their paupers in poor-houses, or removed them to private licensed houses. Dr. Malcom states that, notwithstanding the high charges in the Perth Asylum, money is lost by the pauper patients.

"In proof of this assertion, he quotes the experience of the English county asylums, which, receiving paupers only, charge at the rate of 11s. and 12s. a week.

"But Dr. Malcom is here in error. The weekly charge for maintenance and clothing, in English county asylums, for the insane poor belonging to contributing parishes is considerably below this sum."

Dr. Malcom is, however, not much in error. During the last two years the rates of maintenance in the English pauper asylums average nearly 16s. per week, and in some asylums they are as high as 12s. per week, although in others they are as low as 7s. and 8s.

The ventilation and warming of the chartered asylums are stated to be generally defective. The lighting and supply of water are good.

The asylums are in many respects well furnished, but there is an insufficient supply of easy chairs and comfortable seats for the aged and infirm.

Diet.—In all the asylums the general nature of the diet is nearly the same.

"Breakfast consists of porridge and milk, or of tea and bread. For dinner, the staple is broth with vegetables, potatoes, and bread, and a small quantity of boiled beef every day, or a larger quantity on alternate days. For supper, there is again porridge with milk. Working patients have frequently, in addition, a luncheon of bread and cheese with beer. In the asylum of Aberdeen, animal food is given only once a week to patients of the lowest class, not engaged in labour.

"The diet is probably better, both in quantity and quality than that of the Scotch peasantry in general; for in the county district, so little animal food is consumed by the poorer classes, that even the allowance in the Aberdeen Asylum is perhaps greater than what the patients were accustomed to in their own homes."

"The diet of the poor in Scotland varies considerably in different districts;" at least, so say the Commissioners; but they immediately add, that in the highlands it principally consists of oatmeal and potatoes, and in the lowlands of potatoes and oatmeal. Butchers' meat very seldom forms part of the living. In the large towns, however, this article of diet

has latterly greatly increased. "There is no doubt that poverty and under-feeding are powerful agents in some varieties of insanity, and this is especially the case among the Highland population." The Commissioners recommend a more liberal allowance of animal food in some of the asylums, on the ground that "a good diet is an important remedial agent." The observations made by them on the two articles of whiskey and tobacco, which they include under diet, indicate forcibly their sensible and practical views. Many men, neither wiser nor better than the Royal Commissioners, would have seized with avidity such a chance of reading poor Sandy a terrible homily upon the improvidence and the sin of consuming tobacco and whiskey by wholesale, when he can get nothing better than potatoes and oatmeal for his ordinary diet. Doubtless there is a compensation in these matters, and whiskey and tobacco are more needful and excusable to the under-fed Scott than to the beef-eating Englishman.

"Throughout the whole country, the consumption of whisky, by the working population is very great, and almost completely excludes the use of malt liquors; and during periods of prosperity, or of periodical employment, as in the herring fishery, ardent spirits are consumed in even increased quantities. Although there is no directly nutritive principle in whisky, still, as its use, in a modified degree, may assist the sustaining powers of a poor diet, it is necessary, in comparing the food supplied by asylums with that of the people in their homes, to bear in mind the entire withdrawal of spirituous liquors in the ordinary asylum diet, as an element in the comparison.

"Tobacco is another article of common consumption by the people, which must also be taken into account in considering the diet. Though in itself possessing no nutritive properties, it exercises a soothing influence on those accustomed to its use, and its discontinuance is generally followed by feelings of great discomfort. There is among the insane so strong and general a craving for tobacco, that in some asylums a stated allowance of it is made to them, the charge for which considerably augments the payments made by the parishes."

Instrumental restraint is almost entirely banished from the Chartered Asylums, but *Seclusion* for long periods is frequently used. The necessity for its use is said to arise from faults of construction in the building, over-crowding, deficiency in the means of exercise, and the want of a sufficient number of attendants. The seclusion appears to be of a kind which is not practised in English asylums. The seclusion cells have stone floors and windows, darkened and sometimes boarded up permanently, as a precaution against the violence of the patients. Sometimes the secluded patients have no other covering than blankets, and no other bedding than loose straw cast on the floor. At Montrose the Commissioners found 11 patients in seclusion, out of 147. Several of them had been secluded for considerable periods, and one woman for several

months. The statutes require no record of seclusion, which the Commissioners think would have been a powerful means of checking and diminishing its use in the chartered asylums. But they think it would have been of little use in the licensed houses, inasmuch as the precise and stringent regulations enacted as to the use of mechanical restraint have been utterly disregarded in these receptacles.

Exercise.—The means provided for the exercise of the patients in some of the Chartered Asylums are quite inadequate. This deficiency arises in great measure from double sets of airing courts having been provided for the private and pauper patients; the court-yards for the paupers necessarily become over-crowded. In one asylum, one private patient had the sole use of one court, and 60 or 70 paupers were crowded into one the same size. Some of the courts are surrounded by buildings and high walls, which shut out the view of the country, and are gloomy and depressing; others, however, are planted and neatly laid out.

The means of *Occupation* in out-door labour, than which nothing is more conducive to recovery, are insufficiently provided. "An increased quantity of land does not necessarily imply increased expense to the institution." Dr. Skae has even found that where ground rent of £10 an acre is paid, the labour of the patients may be profitably employed. On this point, however, there is a considerable difference of opinion among the superintendents. The Commissioners recommend greater attention to this matter, on a sounder and less questionable principle than that of a profitable speculation.

"We do not, however, advocate employment, simply or chiefly upon economical grounds, but far more from the conviction that there are few better curative agents in the treatment of insanity, than agricultural labor, when combined with an adequate diet. Even in cases where the malady has become incurable, labor in the open air greatly improves the condition of the patient, and tends to alleviate his symptoms. There is this peculiarity about the insane, that, although in an abnormal condition, they are not, as a general rule, like the inmates of a poorhouse or general hospital, disabled from active occupation by physical infirmity. On the contrary, there is with many a positive restless craving for muscular exercise; and hence nothing tends so much to promote the tranquility of an asylum, and to diminish the necessity for the use of mechanical restraint and seclusion, as the expenditure of this augmented nervous power by exercise and labor in the open air.

"We think, that, in the chartered asylums sufficient attention has not been paid to the due employment and occupation of the patients, and we are strongly of opinion that a great deal more might be accomplished in this respect."

Amusements. On the subject of amusements the Commissioners observe,

"In several of the asylums, very much has been done to afford recreation and amusements to the patients. Various sports and games have been introduced, and in most of the houses there are frequent excursions, and occasional pic-nics, concerts, lectures, evening parties, and dances. In that of Dumfries, there are also theatrical performances.

"While fully recognising the importance of recreation and amusement, we are disposed to think that the efforts of some medical superintendents, have been extended too much in this direction, to the exclusion of more serious occupations. Simple amusement can never dispel *ennui*, nor afford the same amount of healthy occupation to the mind, as useful and productive labour."

Chaplains are appointed to all the asylums, they are non-resident, and commonly attend only on Sundays. Divine service is generally performed in a large room, which serves during the week for other purposes. At three of the asylums, however, chapels are fitted up.

Attendants. A precise statement of the ratio of attendants to the pauper patients could not be obtained, on account of the same attendants waiting on private or pauper patients indiscriminately. The highest expenditure of salaries and wages to each patient was at the Dumfries asylum; it amounted to £8 7s., and was due to the large number of private patients at high rates; the lowest proportion, £2 13s, was at Montrose, and is, very probably, one cause which contributes to the less satisfactory condition of that institution. Considerable difficulty is experienced in procuring the services of good attendants; the men chiefly belong to the agricultural classes, and the superintendents prefer getting them untrained. Their wages in some institutions are on too low a scale to secure the services of competent individuals, and to prove an inducement to assiduity and obedience. Sufficient pains are not taken to correct the bad habits of patients by means of a good system of night nursing. Even where a watch is employed during the night, the plan of giving a man charge of the male and female departments is adopted.

"But as the main duties of a night-nurse are to get up patients habitually wet or dirty, to attend to the sick, and to help the feeble and epileptic, it is obvious that a night-watchman cannot, with propriety, be intrusted with these duties on the female side of the house. If, in order to save expense, only one individual is appointed, it appears to us a preferable plan to appoint a woman to visit both sides of the house. Indeed, there is little doubt that one, if not more nurses, might be advantageously employed, both in the male and female departments, during the night-time; and we may further remark that the services of women are not at any time sufficiently made available as nurses in the men's wards."

We are not aware that the services of women have been made available as nurses in the men's wards of English asylums, with the exception of the asylum for Oxford and Berks, the superintendent of which, (Mr. Ley,) speaks very

favourably of the results of this experiment which he has tried extensively.

The Commissioners append a table shewing, the results of treatment in each of the Chartered Asylums during five years, from 1850 to 1854, inclusive. The general average result, (the Dumfries asylum for some reason not stated being excluded,) is as follows: average number resident during five years, 1,767·6; average annual admissions, 765·6; average annual recoveries, 342·4; average annual discharges, not recoveries, 231; average annual deaths, 171; proportion of recoveries on per cent of admissions, 44·2; proportion of deaths on numbers resident, 9·67.

The general result of the enquiry into the condition of the Chartered Asylums is expressed by the Commissioners in a summary, from which we extract the most important paragraphs.

“Reviewing generally the condition of the chartered asylums, it is gratifying to be able to report that they are in many respects in a highly satisfactory state; and that the large amount of accommodation which they afford to private patients is duly appreciated by the public.

“It appears that of the 833 private patients placed in asylums in Scotland, 652 are in chartered asylums, and only 231 in licensed houses.

“The gentlemen who undertake the responsible duties of governors or directors in the chartered asylums, devote much time and consideration to the general management of their respective establishments; and they manifest an earnest desire to promote the welfare and consider the comfort of the inmates, and to advance the interests of the institutions over which they preside.

“The treatment of the patients is liberal and judicious; and, notwithstanding existing difficulties and obstacles to improvement, their condition is, on the whole, deserving of commendation.

“The treatment adopted towards the educated classes is, in many respects, very praiseworthy. In addition to the means employed to diversify the daily course of life, and to break through the monotony and routine, too common in most lunatic asylums, the patients have the benefit of frequent, and, occasionally, of extended excursions; and, in a few instances, houses have been taken at the sea-side, for the use of the patients during the summer months.

“The chartered asylums of Scotland are superintended by experienced medical gentlemen, of high standing in their profession, aided in the larger establishments by able assistants. From their size, and capabilities of receiving a considerable number of better-class patients, they are able to command the services of accomplished practitioners; and, in this respect, they have a manifest advantage. In the generosity of them, nevertheless, an obvious evil results from the congregation of patients, belonging to various grades of society, in the same institution. A minute separation of the inmates into classes, both as respects position in life, as well as the nature of the malady, becomes necessary; and, consequently, the patients are subdivided into a large number of communities, each having their respective apartments and airing-grounds. By the adoption of such arrangements, liberty within doors is diminished, the facilities of egress into the open air are impeded, and the space appropriated for exercise is considerably curtailed; and the general results are isolation of individuals belonging to the upper classes, restricted exercise to the inmates generally and lengthened seclusion of the more refractory patients.

“At Dumfries, many of the objections above adverted to have been surmounted by the erection of a separate building for the paupers, adjacent to the

original structure, which is now appropriated to patients belonging to the better ranks of society only.

"As regards the classification and separation of the patients, in reference more particularly to their mental condition, we are of opinion that the distinctions and sub-divisions are too minute and special, and that the different classes of patients are not sufficiently associated together.

"In some asylums, a strict adherence to the rule of apportioning the accommodation according to the rate of payment causes a large amount of excellent space to remain vacant. This circumstance appears worthy of consideration. The demands for admission are urgent, and it appears to us that every available means of meeting this demand should forthwith be brought into operation.

"As an instance of the confidence reposed in the medical superintendents of chartered asylums, and as an indication that some diminution has taken place in the repugnance to asylums, which hitherto has been, and still is so prevalent, we may mention that, in many of the asylums, a number of individuals have voluntarily presented themselves for admission. They are generally cases of relapse, and frequently persons having a suicidal or destructive propensity, who, feeling certain premonitory symptoms, well known to themselves as the precursors of an attack of mania, at once take the judicious step of placing themselves under care and treatment."

The Chartered Asylums of Scotland present a fair front to public scrutiny; but we must now turn the dark side of the shield, and present to our readers the repulsive features of ignorance, negligence and parsimony, resulting in a state of things which must cause pain to every humane man, and regret to every Scotchman who loves and is proud of his country.

The character of Licensed Houses for the insane depends (say the Commissioners,) upon the rate of payment, and still more upon the character of the proprietor. The proprietors of some of the licensed houses into which patients from the upper grades of society are received, are men of education, well fitted for these duties; but those of the houses receiving paupers, are totally unfit for their position. They are ignorant of the nature and treatment of insanity, and unprovided with sufficient capital to supply the wants of those entrusted to their care. One has been a victual dealer; another an unsuccessful baker; another a woman keeping a public-house.

A large number of these institutions are at Musselburgh, a fact accounted for by the great facility with which licenses can be obtained in Mid Lothian. Some private house is rented and adapted at the smallest possible outlay, to become a receptacle for the greatest possible number of patients. "Outhouses which were never intended for human habitations have been filled with beds, and used as accommodation for patients both by day and night." "Large dormitories have been built, sufficiently spacious, but bare, comfortless, and insufficiently furnished." Sometimes "every room is

overcrowded, and houses of moderate size are made to accommodate a surprisingly large number of patients." Frequently the male and female patients are placed in adjacent apartments, approached by the same stair or passage; they use the same airing courts, and even the same water-closets. There is a general want of furniture, and often of articles absolutely necessary, and which, even by the poorest people are considered indispensable. In two or three instances, the proprietors are medical men, but usually a medical man is employed to visit the house by the lay proprietor, by whom he is appointed, and dismissed at pleasure. The proprietor orders the shower-bath, seclusion, and the mechanical restraint, at his own discretion, and to a much greater extent than is ever known to the medical officer. The lowest and usual rate of payment is £20 per annum, for each patient, which covers all outlay except funeral expenses; and the Commissioners arrive at the conclusion, that owing to the manner in which these houses are conducted, this rate leaves a considerable margin as profit to the proprietor.

"Most of the pauper houses have no day-rooms, the patients, when not in the airing grounds, occupying their crowded sleeping-rooms during the day. These rooms are, for the most part, unprovided with seats, and the beds are used as substitutes. There are commonly no tables, and the meals are served in the most slovenly manner. The patients eat their food seated on their beds, or squatting on the floor of their rooms, or in corners of the airing-courts.

"In some houses, however, day-rooms are provided, but they are usually bare and comfortless: benches without backs, and a table, in general, making up the complement of furniture. Few or no arrangements are made for the proper treatment of the sick, feeble, and aged inmates. They share the very scanty and insufficient accommodation provided for the able-bodied, and when, from sickness or debility they are unable to sit up on the forms without backs that are provided, they are kept in bed, and ultimately die in the dormitories, in the midst of the other patients; and, in some cases, after death the body is carted to the burial-ground, and there interred without any religious ceremony whatever."

The rates of payment for private patients vary from £20 to £30 per annum, but the accommodation provided was often much below what it should have been, considering the rate of payment; for instance, two male patients who had occupied respectable positions in life, and whose payments to the Hilliard asylum, were respectively £53 and £35 per annum, at the visit of the Commissioners, occupied a small bedroom with a third patient. For months they had slept together entirely naked, in a miserable trough bed, upon a small quantity of loose straw, which was filthy and saturated with urine. The over-crowding in the licensed houses is such, that at Musselburgh the cubical area of the dormitories is less than 200 feet, or scarcely a third of what is usually considered necessary. In these crowded dormitories, the

absence of ventilation engenders a highly contaminated atmosphere, very offensive and deleterious to the patients. The *warming* also is most imperfect, "occasionally we met with rooms on the ground floor so damp and cold that constant fires are required even in summer to make them habitable." The Commissioners attribute one cause of the increased mortality, which occurs during the winter months, to deficient warming, the depressing influences of which, the underfed patients are not prepared to resist. The quantity and quality of clothing is also deficient, and sometimes consists of little more than is actually in wear. The *bedding* supplied to cleanly patients usually comprises mattresses filled with straw, blankets, and in most cases, only one sheet to each bed. The store of blankets was sometimes quite insufficient to afford a proper allowance during the winter months. The night arrangements made for wet and dirty patients are of the worst description.

"The mattresses, although soaked with urine, are occasionally left for several days with unchanged straw, and unwashed sacking. At other times, the patients are put to sleep on loose straw covered with a sheet, or upon straw alone; the supply being in many houses so scanty, that the boards of the bedsteads are scarcely covered. Very often there is no provision for preventing the urine dropping on the floor, which is thus kept constantly wet, and extremely offensive. If the patients are very dirty in their habits, they have night-shirts which reach only to the waist, or they are even made to lie naked, and sometimes two, or even three, in a bed. Their beds have rarely sheets while the blankets and coverings were often found to be scanty, and frequently dirty and ragged. Generally, the patients sleep singly, but, in a considerable number of houses two patients are placed to sleep in the same bed; and this practice is not confined to the female patients. In one instance, we found the arrangement for wet patients to consist of loose straw, covered by a sheet, placed on the floor of very small dark rooms.

"On making our visits to the licensed houses, we generally found the wet and dirty bedding drying in the airing-grounds.

"As we made our inspections during the summer months, we saw these establishments under the most favourable circumstances; but we have no doubt that the many evils observed by us would have been found greatly increased, had we visited during the continuance of wet and inclement weather."

With few exceptions, none of the licensed houses have the means of giving their patients a warm bath; in many there are no chamber utensils in the dormitories; in general, there are no water closets or necessities within doors, and those in the yards are frequently very dirty, and, in some instances used both by males and females.

Diet.—The Commissioners failed to ascertain the amount of food allowed to the pauper patients, but they had no difficulty in concluding from the bodily condition of the patients, that their diet was inferior to that of the patients in the chartered asylums.

"We had no means of ascertaining the quantity of food allowed for each patient in the licensed houses. There are no diet-tables; and, even if there were, they would afford no guarantee that the patients received the stipulated quantities. Neither is there any record whatever, showing that extra diet or medical comforts are allowed to the sick, feeble, or aged. In the pauper houses, the diet, in general, consists of porridge and buttermilk, morning and evening, or of tea and bread, if the patient prefers them; and of broth, with bread and potatoes, and a small allowance of meat, for dinner. The animal food is generally said to amount to about two ounces for each patient, and is always given in the broth. The food is usually served in a slovenly manner."

On the employment of habitual restraint and seclusion, the Commissioners observe :

"Instrumental restraint is in very general use in all the pauper houses, and not unfrequently also in the houses for private patients. There are houses in which some of the paupers are constantly manacled, either with the view to prevent their escape, or to keep them from attacking the attendants, or patients. The strait-waistcoat is in daily use. The cause of this large amount of mechanical restraint appears to be chiefly due to the very small number of attendants, to deficient exercise, and to the great want of small rooms for the temporary separation of excited patients. Notwithstanding any regulations to the contrary, we have reason to think, that, in most of the licensed houses, the attendants have the power of applying restraint at their discretion. In almost every house, we found handcuffs, leg-locks, gloves, straps, and strait-waistcoats, and these not in the custody of the proprietor or medical attendant, but hanging up in the wards, or in the rooms of the attendants, who are evidently without any check as to their application, showing that the practice of restraint is still very prevalent. We may here mention the fact, that, in the early part of the present year, one of the principal cutlers in Edinburgh applied at the Morning-side asylum for a pattern of the manacles and leg-locks used there, to enable him to execute an order he had received from one of the houses in Musselburgh. It is almost needless to remark that the superintendent was unable to comply with the request.

"Seclusion rooms are attached to some of the licensed houses. In one or two they are understood entirely to supplant physical restraint, but usually they are supplementary to it, and patients confined in them are sometimes also mechanically restrained. They are generally located in outhouses, and are frequently without the means of warming and ventilation."

Considerable differences exist in asylums which receive pauper and those which receive private patients, with respect to facilities for recreation and employment. In only one pauper establishment is the quantity of land sufficient to afford proper employment. The grounds for 60, even 90 patients, rarely exceed an acre in extent, and there is seldom any attempt made to provide the men with any kind of work. In some of the private houses amusements are provided. Religious services are greatly neglected. In some houses there are no religious services whatever; in others the proprietor reads the service on Sundays, and some of the patients go to Church.

"In the Musselburgh houses, a missionary is stated to attend once a fortnight on different days, in the several houses, for the purpose of praying and reading with the patients; but it does not appear that any of them are visited by

a clergyman of the Established Church, or that there is any regular service on Sundays."

The number of *Attendants* is generally insufficient, and the wages given are not enough to attract or retain good servants. It is not customary to make any inspection of the patients during the night

Statutory Records are very imperfectly kept, and sometimes not even provided. The provisions of the act, which relate to the record of restraint, and which are of a very stringent character, are utterly neglected. "It would indeed be difficult to give a more striking instance of the total disregard with which the provisions of the acts relating to lunatics are treated." No medical case books are kept.

The general result of treatment during five years, is as follows: average number resident, 518·4; average annual admissions, 212·6; average annual recoveries, 86·2; average annual removals, 43·8; average annual deaths, 42·4; proportion of recoveries per cent. on admissions, 40·5; proportion of deaths on numbers resident, 8·1. The rate of recoveries in the different asylums varies from 21·5 to 65·3. The mortality from 1·4 to 13·1.

Compared with the chartered asylums, this general result of treatment presents a lower per centage of recoveries, and a somewhat more favourable rate of mortality. The Commissioners however, are, far from feeling confidence in the accuracy of the above numbers, for in some houses the registers are most imperfectly kept, and in others, they are totally neglected. Moreover, patients are often admitted into the chartered asylums in a state of advanced bodily disease, which would cause them to be refused admission into the licensed houses, they are also mostly afflicted with chronic insanity, in which the mortality is less than in recent forms of the malady.

The Commissioners sum up in the following terms the result of their inquiries into the state of the licensed houses:

"Economy being the main object of the parochial boards, and profit that of the proprietors, it is not difficult to consider how their combined operation must effect the condition of pauper patients in licensed houses. How far inspectors may have overlooked stint and neglect, and how far proprietors may have eked out by parsimony and unfair thrift, it is not easy to determine; but where economy on the one hand, and profit on the other, are in undisguised operation as the main motives of conduct, there can be no doubt that pauper patients in licensed houses are exposed to the danger of privation and neglect.

"The following is a summary of the different modes already enumerated, in which a saving of expense has been effected; and the manner in which such economy operates in diminishing the comforts, and preventing the proper treatment of pauper patients, is worthy of attention.

The patients are placed in small houses, quite insufficient for their numbers, and are made to use the same rooms both as day and sleeping accommodation; they are also crowded into small airing-courts, inadequate to afford proper exercise, or a proper separation of the sexes. By these means, rent is saved.

"Where the proprietors have agreed to provide clothing and bedding, it is generally poor and scanty. Some of the patients are without shoes and stockings; and scarcely any ever go beyond the walls of the airing-courts, which would involve additional expense in the purchase of hats for the men, and bonnets and shawls for the women.

"The bedding is of a coarse and cheap description, insufficient in quantity, and it is not renewed when filthy—whereby a saving of materials is effected. A further saving is also obtained by making one bed serve for two, and even three patients.

"The beds, in some cases serve the purposes of seats; there is a general want of tables, and utensils necessary in a household, and of articles needed by the sick and infirm, as well as of books, and other means of amusement. Thus, in respect of furniture, &c., very little out-lay has been made. By crowding the patients together day and night, the expense of fuel is diminished.

"The inmates, during the winter months, pass the greater part of each 24 hours in their beds, whereby candle-light is saved. In Langdale asylum the patients are not allowed candle-light at any season.

"By removing the body-linen at night, and by the long use of articles without washing, the ordinary expense of wear and tear is prevented.

"Judging from the diet served to the patients, the expenditure in food must be small; few extra articles of diet are provided, and little or no tobacco is allowed the patients.

"As respects service and wages, the employment of mechanical restraint, as a substitute for watchfulness; the mode of diminishing labour by placing two patients to sleep in the same bed; the plan of keeping the patients in the yards, and thus obviating the necessity of employing a paid servant to accompany them in their walks, or to induce them to enter on some occupation, are obvious means of reducing the expenditure in these respects.

"In bathing, and means of personal cleanliness, in washing of clothes and bedding, the outlay appears to be very small and inadequate.

"With the above facts before us, we cannot doubt that, in many instances, practices obviously wrong, and detrimental to the patients, have been adopted in licensed houses, because an increased profit would thereby be obtained by the proprietor."

J. C. B.

(To be continued.)

Medical Evidence in Mr. Snape's Case.

The whole proceedings in this painful case have now been laid before the public, in the form of a Parliamentary return. Little new light, however, is thrown upon the controversy. In an able and severe letter the Visitors of the Surrey Asylum object to the manner and to the private character of the examination instituted by the Commissioners, on the receipt of the anonymous letter. They say it was uncourteous to themselves, and unjust to Mr. Snape; "that it was done ex-

tensively by leading questions, a mode of proceeding not admissible in any criminal case, and which the law prohibits as leading to error, rather than truth.' The Visitors, considering the question to be "essentially of a medical character," finally decided it for themselves, upon the following evidence, which they invoked for their guidance.

"*Dr. Babington* states: I have read the whole of the evidence and *Mr. Snape's* statement. I consider *Mr. Snape* quite justified in what he has done; he had a right to suppose no injury would arise; he had tried long baths on the same man before with good effect, and as he was at this time more excited, a longer bath was reasonable, and a good effect might have been expected to result from it. The patient came out of the bath showing no ill effect; the cause of his death must be a matter of conjecture; he may have died from a fit; persons may die under chloroform even when administered for taking out a tooth, yet chloroform is used without objection. Shipwrecked sailors have often the cold sea dashing over them for hours, which yet does not injure them. In the case of the patient there was only an extension of that treatment which, on former occasions, had been beneficial, and, under such circumstances, I should not have hesitated to have acted in the same manner as *Mr. Snape*."

Taking it for granted that a bath of 20 minutes' duration is unobjectionable, though it would have been better, judging from the result, if *Mr. Snape* had personally attended the administration of a bath extended to 30 minutes for the first time; yet I do not attach much importance to his not having done so.

In public establishments the attendants, employed in such cases to give baths, become as experienced in their effects as medical men; but it would have been better if *Mr. Snape* had attended, as he was responsible.

There was, however, nothing to show, that the proceeding was likely to be injurious. When I prescribe baths and medicine, I do not attend personally to the administration of them. I do not consider the administration of tartar emetic objectionable; I take it the patient in this case was not more prostrated by the bath than on former occasions. It would have been satisfactory if the patient's pulse had been felt from time to time; but such a course is unusual, and might not have led to any good result if it had been done by *Mr. Snape* in this case. With such a heart as the patient is represented to have had, such a bath may have been injurious. The stethoscope might not have indicated the disease of the patient's heart, and no disease of the heart had ever been observed in him before.

Mr. Bowman states: I have read the whole of the evidence and *Mr. Snape's* statement. I consider *Mr. Snape* perfectly justified in his treatment of this patient, so far as I can judge, without personal experience of the management of lunatics or of the effect of shower baths of long duration. Seeing that *Mr. Snape* had found decided benefit from the use of baths of 20 minutes' duration in many similar cases, as well as in this patient himself on former occasions, I think the extension to 30 minutes in this instance was reasonable, having regard to the fact that the attendant was directed to look at the man from time to time.

I think the tartar emetic administered could have no influence in causing death, as this occurrence took place too soon after the swallowing the partial dose to allow of its having been absorbed in any large measure from the stomach into the blood vessels, so as to have depressed the heart's action.

When I order baths, it is as a tonic or a stimulant, and not as a sedative; they are therefore much shorter; I always leave the patient to determine their duration.

In employing very long baths, I think it would be expedient and advisable (I do not say necessary) that the medical man should personally attend to their administration; but when a medical man has acquired much knowledge of their

effects by long experience, he may reasonably confide their exhibition to the ordinary bath attendants, supposing these to be discreet and careful. I never used so long a bath. I cannot say that the tartar emetic would or would not have been given if Mr. Snape had seen the patient on emerging from the bath; much would probably have depended on the state of the pulse at the moment.

The patient is stated to have walked out of the bath with the usual appearance of strength.

The tartar emetic could hardly have had time to get in any quantity into the blood.

Up to the moment when the fatal symptoms suddenly occurred, I see nothing to show that a medical man would have countermanded the tartar emetic had he been there. Medical men do not usually attend personally to the administration of the medicine they order. If a medical man adopted a novel experimental treatment of possibly dangerous effect, he would attend personally to watch it. If the treatment were a further extension of a treatment already known, he would watch it, or not, according as there might be reasonable grounds for supposing the extension likely to be dangerous. If it were a small extension of a former ascertained treatment, I do not think the attendance of a medical man necessary. *Seeing the result*, attendance in this case would have been desirable; but there was no ground for anticipating death. Prostration will occur in some cases earlier than in others. The tolerance of the nervous system for such a sedative cannot always be exactly estimated beforehand; an impaired state of the muscular substance of the heart may exist without being discoverable, either by pulse or otherwise, during life. From the state of the patient's heart, as it is described to have been, no symptoms of disease would necessarily have been manifest.

Dr. Todd states: I have read the whole of the evidence and Mr. Snape's statement. I think a man who had used long shower baths with effect, as Mr. Snape states he has done, would be quite justified in the treatment he has pursued in this case.

I never used so long a bath. I would not use so long a bath without gradual experience. I cannot say the shower bath killed the patient; he may have had some other disease not discovered, that occasioned his death. When a bath of twenty minutes' duration was known to be good, an extension to thirty minutes was a very natural course of practice, and might be thought a prudent and beneficial proceeding. When the duration of a shower bath is extended from twenty to thirty minutes the first time, it would be advisable that the medical officer should attend the administration of it personally.

It would have been safer if he had attended; I do not say necessary. If he had attended, I do not think the result would have been different. I have never ordered a bath to produce depression. I cannot say that the tartar emetic had anything to do with the death of the patient; he did not take it all. Tartar emetic would effect different constitutions differently. Seeing the patient walked from the bath, it must be considered that he was not in such a state of depression as absolutely to prohibit the administration of tartar emetic. Medical men prescribe, but they do not attend personally to the administration of all they prescribe.

Dr. Quain in answer to questions put to him; says, I have read the whole of the evidence taken before the Commissioners in Lunacy, and before the magistrate at Bow street; also Mr. Snape's statement. I am not immediately conversant with the treatment of lunatics, but judging by Mr. Snape's statement of his proceedings, and of his experience, which I take to be accurate, I do not consider that his treatment in this case was injudicious. The tartar emetic, in my opinion, had nothing to do with the death of the patient, which occurred within two minutes after the dose had been administered. I cannot take upon me to say that Mr. Snape was wrong in ordering the tartar emetic. I have had no experience of such a bath; but being assured that baths of twenty minutes' duration had been frequently found to be beneficial in persons of all ages, an extension of the bath to a duration of thirty minutes was not unreasonable. Bearing in mind, however, that the extension from twenty to thirty minutes

was now made for the first time, it would have been prudent in the medical man to have remained in attendance during the administration of the bath ; still if he had had experience in long baths, and had reason to place full confidence in the man who did attend to its administration ; his not attending in person is not culpable.

Dr. Addison states : I have read the whole of the evidence and Mr. Snape's statement. Had I been asked my opinion respecting the treatment of the patient in question before I had read these papers, I should have had doubt ; but having ascertained the effect of long baths as reported by Mr. Snape, I consider he was justified in using the bath as he did, as a sedative—generally we use the bath as a stimulant. From the evidence, these long baths appear to have been very beneficial. From the evidence, the effect of the tartar emetic would not be very considerable ; the absorption of it must have been very defective. Under the circumstances, and the precaution of directing the attendant to watch the case, the extension of the bath from twenty to thirty minutes was not unreasonable. The placing the patient close to the fire after coming out of such a bath was very wrong ; it might produce syncope ; it had very considerable effect in bringing on syncope in my opinion. I do not state this as a charge against Mr. Snape. I state this as a warning applicable to all cases when under depression ; his having disease of the heart does not alter the case. Admitting a bath of twenty minutes duration to be beneficial, I, as a nervous man, on extending the duration of such a bath to thirty minutes for the first time, would have attended more personally than Mr. Snape did ; but he gave directions for the patient to be watched. I never thought of ordering a bath for even five minutes ; if I did, I would watch the case personally ; but if I had extended baths to five minutes, and from five to ten minutes, and from ten to fifteen minutes, and from fifteen to twenty minutes, with good effect, I would not have thought it necessary to attend in person if I ordered an extension of the bath to thirty minutes. From the evidence respecting the state of the heart, its diseased condition might not have been observable, and diseases of the heart may exist without being observable during life.

Dr. Sutherland states. I have read the whole of the evidence and Mr. Snape's statement. I consider Mr. Snape's treatment in this case was judicious, because from his experience he could not have expected any injurious effect. I have said, in the report of the Commissioners in Lunacy, June, 1854, that the abuse of shower baths might be dangerous ; but this had no reference to this use of the bath, which is a new practice. The duration of my bath at the hospital (St. Luke's) is one minute. In private practice I order it for only half a minute. I referred to the bath at Vienna, continuing from ten to fifteen minutes, the water of which falls from the roof about 70 feet.

I consider Mr. Snape's treatment cautious ; he proceeded from short baths to long ones gradually. The use of morphia has increased in the same gradual manner. I have seen the bath at the Surrey asylum ; the fall of the water to the floor of the bath is 8½ feet. Such an extension in the duration of a bath, in the case of a medical man who had gradually proceeded to a duration of twenty minutes, might be made without objection. I cannot say that the order for the administration of the tartar emetic was right or wrong ; he spat it out. It is common to give tartar emetic. The dose I am in the habit of ordering is gr. ¼, i. e. a nauseating, not an emetic dose. The patient walked out of the bath. Placing him before the fire might make him faint. Admitting that, according to Mr. Snape's practice, the duration of a shower bath for twenty minutes to be beneficial, it would have been better if he had attended personally to the administration of the bath when he ordered it to be extended to thirty minutes. I myself do not stay when I order a bath, but I have never ordered a long bath. I do consider that the increase from one minute, the common duration of the bath, to thirty minutes, the duration of the one under consideration, was bold practice.

(Additional notes appended by Dr. Sutherland when the evidence was sent to him for examination as to its accuracy.)

P.S.—I do not know whether I may be allowed to explain why I said that

it would have been better had Mr. Snape been present when he ordered the thirty minutes' bath for the first time. I meant to say that when a medical man orders a remedy of this description for the first time, it is better to be present to watch the effects; and although I do not stay to observe the effects of a shower bath when I order it, because, according to the manner in which I prescribe it, it is not a new method of treatment, yet when I first introduced the inhalation of chloroform to check the paroxysms of mania, I always stopped to watch the effects upon the patient. As I said before the magistrates, the great problem to be solved is the best mode of treating the paroxysm; and a man is not to be condemned for a failure in one case, if he has conscientiously adopted a plan of treatment which has proved beneficial in fifty others, however much such treatment may differ from that of other medical men."

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The Meeting was held at New York, on the 18th of May, and following days. Thirty-three Members of the Association were present.

A paper was read by Dr. Tyler, on "The Care of the Violent Insane," which was followed by an interesting discussion in regard to the kind and amount of personal or muscular restraint which is best calculated to promote the comfort and restoration of the insane of all classes. The prevailing opinions of the members of the Association were strongly to the effect that no class of patients should be confined in cells, but in chambers as large and as inviting in their construction as those for the convalescent; that the seclusion of the violent insane by day should be infrequent, and generally of the briefest practicable duration; and that neither muscular restraint nor seclusion should ever be subject to the judgment and control of subordinate officers or attendants.

Dr. Gray presented the plans of an institution for insane convicts, and entered into an explanation of the steps taken in regard to provision for this class of the insane in New York. In 1854, a law was passed directing the removal of convicts from the asylum at Utica, and of those convicts found insane in the prisons, to a separate building in connection with one of the prisons. In 1857, a law was passed authorising the prison inspectors to proceed to the erection of a proper building, and an appropriation of 20,000 dollars was made for that object. The plan presented has been ac-

cepted, and the building will be commenced on the 1st of June next.

Dr. Jarvis made some remarks in reference to the importance of sending reports of institutions for the insane to the public libraries of colleges, antiquarian and historical societies, that the history of what has been and is being done for the insane in this country, might be as widely read as practicable, and that by the most intelligent members of society, and offered the following resolution :

Resolved, That this Association recommend to its members to send all their past and future reports to some public institutions and libraries in each State for permanent preservation ; the list to be prepared by a committee of this Association, and published in the *Journal of Insanity*.

The resolution was adopted ; and on the motion of Dr. Kirkbride, Dr. Jarvis was named a committee to carry the objects of the resolution into effect.

Fears were expressed by Drs. Kirkbride, Butler, Fouerden, and others, that patients in our institutions subject to homicidal impulses, were too freely allowed axes and other tools, which were liable to be used as weapons of personal violence.

Drs. Butler and Jarvis related the cases of persons subject to insane or homicidal impulses, who had warned their friends against giving them a liberty which they at times considered themselves liable to abuse.

The following is an authentic table of all the insane institutions in North America, their location, proprietors, physicians, and number of patients :—

INSTITUTIONS FOR THE INSANE IN NORTH AMERICA.

	<i>No. of Patients</i>	
1 Maine State Lunatic Hospital, Augusta—J. M. Harlow, M.D., Superintendent	170
2 New Hampshire State Lunatic Asylum, Concord—John E. Tyler, M.D., Superintendent	170
3 Vermont State Lunatic Asylum, Brattleborough—W. H. Rockwell, M.D., Superintendent	400
4 Massachusetts State Lunatic Hospital, Worcester—Merrick Bemis, M.D., Superintendent	390
5 Mc'Lean Asylum, Somerville, Mass.—Chauncey Booth, M.D., Superintendent	200
6 Massachusetts State Lunatic Hospital, Taunton—Geo. G. S. Choate, M.D., Superintendent	330

7	Boston Lunatic Hospital, Boston, Mass.—Clement A. Walker, M.D., Superintendent	170
8	Butler Hospital, Providence, R. I.—Isaac Ray, M. D. Superintendent	150
9	Hartford Retreat for the Insane, Hartford, Conn.—John S. Butler, M.D., Superintendent	210
10	Dorchester Private Asylum, Mass.—Edward Jarvis, M.D., Proprietor	—
11	Pepperrell Private Nervous Invalid Asylum, Mass.—Drs. Cutter and Howe, Proprietors	—
12	Provincial Lunatic Asylum, Toronto, C. W.—J. Workman, M.D., Superintendent	460
13	Asylum for Insane Convicts, Kingston, C. W.—J. P. Litchfield, M.D., Superintendent	50
14	Quebec Lunatic Asylum, Quebec—Drs. Douglass, Morrin and Freemont, Proprietors and Managers	360
15	Provincial Lunatic Asylum, New Brunswick—J. Waddell, M.D., Superintendent	150
16	Nova Scotia Hospital for Insane, Halifax—Jas. R. De Wolf, M.D., Superintendent. Building.	
17	Newfoundland Lunatic Asylum, St. John's—H. B. Stabb, M.D., Superintendent	50
18	New York State Lunatic Asylum, situated at Utica, in Oneida county—Medical Superintendent, Dr. John P. Gray, average	455
19	Bloomington Asylum for the Insane, situated at Bloomington, on New York Island—Physician, Dr. D. Tilden Brown, average...	160
20	New York City Lunatic Asylum, situated on Blackwell's Island—Physician, Dr. M. H. Rawney, average	600
21	Sanford Hall, Flushing, Long Island—Gen. A. Macdonald and Mrs. Dr. J. Macdonald, Proprietors ; B. Ogden, M.D., and J. W. Barstow, M.D., Physicians	40
22	Brigham Hall, Canandaigua, New York—Geo. Cook, M.D., Proprietor	20
23	Pennsylvania Hospital for the Insane, at Philadelphia—Thomas S. Kirkbride, M.D., Physician	246
24	Pennsylvania State Lunatic Hospital, at Harrisburg—John Curwen, M.D., Physician	250
25	Friend's Asylum for the Insane, at Frankford,—Joshua H. Worthington, M.D., Physician	60
26	Insane Department of Philadelphia Almshouse—A. B. Campbell, M.D., Physician	375

27	Western Pennsylvania Hospital, at Pittsburgh—J. A. Reed, M.D., Physician	...	...	...	50
28	New Jersey State Lunatic Asylum, Trenton—H. A. Buttolph, M.D., Superintendent	...	...	...	275
29	Maryland Hospital for the Insane, Baltimore—John Fonerden, M.D., Physician	..	...	...	110
30	Mount Hope Institution, Baltimore—William H. Stokes, M.D., Physician	...	...	...	130
31	Government Hospital for the Insane, Washington, D.C.—C. H. Nichols, M.D., Superintendent	...	...	...	100
32	Michigan Asylum for the Insane (building,) Kalamazoo—E. H. Van Deusen, M.D., Superintendent	.	...	...	—
33	Illinois State Lunatic Hospital, Jacksonville—Andrew McFarland, M.D., Superintendent	...	...	...	230
34	Indiana Hospital for the Insane, Indianapolis—Jas. Athon, M.D., Superintendent	...	...	...	260
35	Southern Ohio Lunatic Asylum, Dayton—J. J. McChenney, M.D., Superintendent	...	...	...	150
36	Central Ohio Lunatic Asylum, Columbus—R. Hills, M.D., Superintendent	...	...	...	—
37	Northern Ohio Lunatic Asylum, Newburg—R. C. Hopkins, M.D., Superintendent	...	...	...	155
38	Hamilton County Lunatic Asylum, at Cincinnati—W. Mount, M.D., Superintendent	...	...	...	176
39	Missouri State Lunatic Hospital, Fulton—T. R. H. Smith, M.D., Superintendent	...	...	...	200
40	Eastern Lunatic Asylum, Lexington, Ky.—W. S. Chipley, M.D., Superintendent	...	...	...	250
41	Western Lunatic Asylum, Hopkinsville, Ky.—S. Annan, M.D., Superintendent	...	...	...	100
42	Eastern Lunatic Asylum, Williamsburg, Va.—J. M. Galt, M.D., Superintendent	...	...	...	300
43	Western Lunatic Asylum, Staunton, Va.—Francis T. Stribling M.D., Superintendent	...	...	...	400
44	State Lunatic Hospital, Raleigh, N. C.—Ed. C. Fisher, M.D., Superintendent	...	...	...	115
45	State Lunatic Asylum, Columbia, S. C.—T. Parker, M.D., Superintendent.	...	...	...	180
46	Georgia State Lunatic Asylum, Milledgeville—Thos. F. Green, M.D., Superintendent	...	...	...	100
47	Mississippi, State Lunatic Hospital, Jackson—Wm. S. Langley, M.D., Superintendent	...	...	...	250
48	Louisiana State Lunatic Hospital, Baton Rouge—Preston Pond, M.D., Superintendent	...	...	...	150

49	Tennessee State Lunatic Hospital, Nashville—W.	
	A. Cheatham, M.D., Superintendent	150
50	California State Lunatic Hospital, Stockton—Jos.	
	K. Reid, M.D., Superintendent	300

OBITUARY.

Our associates will be truly grieved to learn that psychology has lost so devoted an adherent, and the cause of the insane so true a friend as Dr. Van Leuwen, held in the high esteem as a personal friend by many of them; his reputation has been known to all. He introduced the non-restraint system on the continent, and to the last was its ardent and unswerving advocate. His report on French asylums entailed upon him a discussion with the French alienist physicians, which was continued so lately as last year. With excellent temper and judgment, and with knowledge derived from personal experience and observation, he defended the English and attacked the French system of lunatic management. His report is an able document in favor of the non-restraint system, and well deserves re-publication in an English form. Personally, Dr. Van Leuwen was a most amiable man, and his loss is deeply felt by a wide circle of friends. The following account is from a Jersey paper.

Dirk Hans Van Leuwen was a native of Utrecht, Holland. We are uninformed as to the date of his birth, but suppose him to have been not more than 37 years of age; possibly a year or two younger. His father, still living, fills the office for the province of Utrecht, which we may correctly describe as that of *Procureur du Roi*. He was educated at Leyden, and subsequently studied at Berlin and Vienna. He had early turned his attention to the treatment of the insane, and in the year 1848, accompanied by Dr. Everts, he visited England, and inspected a number of the English asylums. On Dr. Van Leuwen and Dr. Everts returning to Holland, they were appointed to the medical superintendence of the new asylum at Meerenberg, near Haarlem, where they proceeded to carry out the principles of non-restraint. The treatment of the unfortunates in that asylum appears to have been eminently successful, but the wear and tear consequent upon so much bodily labour

and mental anxiety told with terrible effect upon a constitution naturally delicate, and Dr. Van Leuwen found himself under the necessity of resigning the appointment and seeking in less arduous duties, and under a milder climate, the restoration of his health. Accordingly, about four years ago he came to Jersey. Soon after his arrival in the island, Dr. Van Leuwen was appointed by the States to proceed on a mission to the continent, to examine the asylums in France, and elsewhere. His report, dated the 1st of November, 1853, containing 104 closely printed pages, is replete with the most valuable information; and is a remarkable memento of the author's industry, talent, and conscientiousness.

After this mission, Dr. Van Leuwen commenced general medical practice near "the first tower," on the St. Aubin's road. He subsequently removed to Grove place. His health fast failing, he lately resolved to try the effect of returning to his native air. He left Jersey, accompanied by his wife, on the 6th of May. He was so exhausted, that with the utmost difficulty the long journey from Jersey to London, and from London to Rotterdam, was accomplished. By the time of his arrival in the Dutch port, it was too evident that his hours were numbered. Hastily taken to the railway, the dying man sped with the wings afforded by modern science towards his native place. He arrived at the terminus, and from thence was conveyed in a carriage to the home of his childhood. Retaining his mental faculties to the last moment, he pointed out to the companion of his journey the objects of interest between the railway and the town. A few minutes more and he will cross his father's threshold, but not in life. The carriage stops. There is the house. There his father. He places his wife's hand in that of his father. "Be kind to her" are his last words. They lift him to bear him to his boyhood's fireside, but they bear a corpse!

To the Editor of the Asylum Journal.

Sir,—You will oblige me by admitting into the next number of the Journal, a correction of a statement you have made, that may create some misapprehension as to my own published views.

In the article on the Pathology of Insanity, you have observed, "Dr. Noble maintains that the thalami and the corpora striata are the special seat of the emotions." You should have said, rather, that I regarded these structures as the garglionic centres of *emotional sensibility*. Here we have no play upon words. Most psychologists, discussing the "emotions," comprehend, within the term, elements both of thought and feeling; for example, let us select the emotions of *avarice* and *pride*; these include an idea, or conception, of *possession of property*, and of some *personal excellence*; and such forms of consciousness very often develop, or become developed by a correlated *sense* of a nature quite apart and distinct from what is called "external sensation." In generalizing the several modifications of this sense, I have spoken of it as emotional sensibility, and have on various grounds maintained, or rather suggested, that its encephalic region was as before stated.

So far as the emotions comprise a *thought*, I am at one with yourself. I recognise the convolutions of the cerebrum proper as their seat.

I am, Sir,
Your obedient Servant,
DANIEL NOBLE.

Manchester, April 7th, 1857.

APPOINTMENTS.

Chester County Asylum. MR. ROBERT WALKER, M.R.C.S., and L.A.C., to be Assistant Medical Officer.

Devon County Asylum. MR. JOHN ROBERTSON, L.R.C.S.E., to be Assistant Medical Officer.

Essex County Asylum. MR. BLAKE, M.B., London, to be Assistant Medical Officer.

Gloucester County Asylum. MR. FRANCIS WILTON, M.R.C.S., to be Assistant Medical Officer.

Wilts County Asylum. MR. JOHN HAWKES, M.R.C.S., and L.S.A., to be Assistant Medical Officer.

INDEX TO VOLUME III.

Acland, Henry W., M.D., &c., on Health, Work, and Play .	116
Address to the Trustees and Governors of the Warneford Lunatic Asylum, by William Ley, Esq., &c. .	261
Anæmia of the Brain	313
Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane .	1
Annual Meeting of the Association of Medical Superintendents of the American Institutions for the Insane .	570
Annual Reports of County Lunatic Asylums and Hospitals for the Insane in England and Wales. Published during the year 1856	464
Appointments	276, 284, 428, 576
Arnold, on Delusions	95
Architecture and Arrangements of Asylums, by Dr. Bucknill	385
Asylums Pension Act	283
Association of Medical Officers of Asylums and Hospitals for the Insane—Proceedings at Annual Meeting. 1st of August, 1856	1
Association and Classification of Patients at Colney Hatch, and Appropriation of the Recreation Room as a Dining Hall, by D. F. Tyerman, Esq., &c.	114
Atrophy of the Brain	321
Bacon's Essays, with Annotations, by Richard Whately, D.D.	524
Bedford Asylum, Report of, for 1856	465
Belgian Lunatic Asylums, by John Webster, M.D., F.R.S. .	397
Bethlem Hospital, Report of, for 1856	467
Birmingham Borough Asylum, Report of, for 1856 .	471
Blood-letting in Insanity, Letter on, by Dr. Pliny Earle .	266

Blount, J. H., M.D., on the Terms Delusion, Illusion, and Hallucination	508
Boyd, Robert, M.D., &c., Observations on Epilepsy	377
Brierre, M. de Boismont, on Dementia	86
Bucknill, J. C., M.D., &c., on Commissioners' Report	19
" " on Insane Literature	43
" " on the Trial of William Dove	125
" " on Asylum Reports	464
" " on the Report of Her Majesty's Commissioners appointed to Enquire into the State Lunatic Asylums of Scotland	548
" " on Revelations of Prison Life, by George Chesterton	535
" " on the Diagnosis of Insanity	141
" " on the Treatment of the Insane without Mechanical Restraints, by John Conolly, M.D.	253
" " on the Warneford Asylum	261
" " on the Pathology of Insanity	285
" " on Asylum Architecture, &c.	385
" " on Foreign Psychological Literature	406
Bucks Visitors, Mr. Millar and the	278, 421
Buckinghamshire Asylum, Report of, for 1856	472
Causes of Insanity	311
Chesterton, George Laval, on the Revelations of Prison Life, &c.	535
Chester Asylum, Report of, for 1856	473
Classification and Forms of Insanity, on the, by Henry Monro, F.R.C.P., M.B. Oxon	193
Commission, Irish	28
Commissioners in Lunacy, their Tenth Report	19
Committee of Visitors of the Surrey Lunatic Asylum, a Letter to the, by Charles Snape, Esq.	276
Concealed Insanity	182
Conolly, John, M.D., on the Treatment of the Insane without Mechanical Restraints	253

Conolly on Melancholia	241
Criminal Lunatics, are they Responsible? by J. Russell Reynolds, M.D.	134
Debate in the House of Commons, May 29th, 1857	548
Dementia, Definition of	81
Demonomania	102
Devon Asylum, Report of, for 1856	477
Delusion, Illusion, and Hallucination, on the Terms. by J. H. Blount, M.D.	508
Derby Asylum, Report of, for 1856	475
Diagnosis of Insanity, the, by J. C. Bucknill, M.D., &c.	141
Dinner, Annual, Report of	15
Divine and the Physician, the, by J. Kirkman, M.D., &c.	185
Dorset Asylum, Report of, for 1856	473
Dove, William, the Trial of	125
Eccentricity	153
Earle, Pliny, M.D., on Blood-letting in Insanity	266
Epilepsy, Observations on, by Robert Boyd, M.D., &c.	377
Esquirol on Dementia	85
Establishment of a State Asylum, by William Wood, M.D.	365
Essex Asylum, Report of, for 1856	479
Feigned Insanity	172
Flemish Interiors, by the Writer of a Glance behind the Grilles	397
Foreign Psychological Literature	406
French Psychology	139
General Paralysis	168
Gloucester County Asylum, Report of, for 1856	480
Guggenbuhl on Idiot Education	309
Guislain on Melancholia	226
Hants County Asylum, Report of, for 1856	481
Health, Work, and Play, on, by Henry W. Acland, M.D.	116
Hat for Epileptics	385
Hawkes, John, Esq., on Statistics of Insanity, being a De- cennial Report of Bethlem Hospital, by W. Charles Hood, M.D.	516
Homicidal Mania. Cases of	346

Hood, W. Charles, M.D., on Statistics of Insanity, &c.	516
House of Commons, Debate in the, Friday, May 29th, 1857	548
Hume, Dr., Death of	428
Hypochondriasis	232
Idiot Education, on the Present Condition and Future Prospects of, by Dr. F. Kern	406
Insanity and Demoniactal Possession	247
Insane Literature	43
Irish Commission	283
Kleptomania	167
Kent Asylum, Report of, for 1856	481
Kern, Ferdinand, M.D., on the Present Condition and Future Prospects of Idiot Education	406
Kingsley, Rev. Charles, on Demoniactal Possession	253
Kirkman, John, M.D., on the Divine and the Physician	185
Lancashire Asylums, Reports of, for 1856	484
Letter from Dr. D. Noble to the Editor	275
Letter from James Wilkes, Esq., to the Secretary	428
Ley, William Esq., an Address to the Trustees and Governors of the Warneford Lunatic Asylum, &c.	261
Leuwen, Dr. Van, Death of	574
Lincoln Asylum, Report of, 1856	483
Literature, Insane	43
Lunacy Commission, Expenses of	428
Lunatic Asylums, Scotland	548
Lunatics, Criminal, by J. Russell Reynolds, M.D.	134
Lycanthropy	100
Lutwidge, R. W. S., Esq., Letter to the Secretary	284
Mania, Diagnosis of	141
Melancholia, Diagnosis of	155
Military Lunatic Hospital, the, by C. Lockhart Robertson, M.B. Cantab. &c.	271
Millar, J., Esq., and the Bucks Visitors	278, 421
Monomania, Diagnosis of	160
Monro, Henry, M.B. Oxon, &c., on the Classification and Forms of Insanity	193
Monmouth Asylum, Report of, for 1856	488

Noble, Daniel, M.D., on Certain Residual Prejudices of the Convalescent and Recovered Insane	429
" " A Letter to the Editor	575
Nottingham County Asylum, the Visitors of the	284
" " " Report of, for 1856	488
Northampton Asylum, Report of, for 1856	489
Obituary	574
Observations on Epilepsy, by Robert Boyd, M.D., &c.	377
Oxford and Berks Asylum, Report of, for 1856	494
Paget, Mr., on Cerebral Nutrition	332
Pathology of Insanity, the, by John Charles Bucknill, M.D.	285
Paulus Ægineta on Lycanthropy	101
Prison Life, Revelations of, by George L. Chesterton	535
Prichard on Melancholia	225
Puerperal Insanity	460
Pyromania	361
Psychology, French	139
Religious Excitement	245
Report of Commissioners appointed to inquire into the State Lunatic Asylums of Scotland, &c., &c.	548
Report on Insanity and Idiocy in Massachusetts	31
Reports, Annual of County Lunatic Asylums for 1856	468
Reynolds, J. Russell, M.D., on Criminal Lunatics	134
Robertson, C. Lockkart, M.B. Cantab, &c., &c., on Bacon's Essays with Annotations, by Richard Whately, D.D.	524
" " on Flemish Interiors by the Writer of a Glance behind the Grilles	397
" " on Notes on Belgian Lunatic Asylums by John Webster, M.D.	397
" " on the Military Lunatic Hospital	271
" " Report of Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the In- sane	1
" on Health, Work, and Play, Sugges- tions by Henry W. Acland, M.D.	116

Seguin on Idiots	311
Snape, Charles, Esq., Case of	282, 566
,, ,, a Letter to the Committee of Visitors of the Surrey Lunatic Asylum	276
Somerset Asylum, Report of, for 1856	495
State Asylum, on the Establishment of a, by W. Wood, M.D.	365
Statistics of Insanity, by Charles Hood, M.D.	516
Suffolk Asylum, Report of, for 1856	499
Surrey Asylum, Report of, for 1856	498
Treasurer's Report	2
Treatment of the Insane without Mechanical Restraints, by Dr. Conolly	253
Tuke, Daniel H. M.D., on the Various Forms of Mental Disorder	81, 218, 335, 443
Tyerman, D. F. Esq., on the Association and Classification of Patients at Colney Hatch, &c., &c.	114
Various Forms of Mental Disorder, on the, by D. H. Tuke, M.D.,	81, 218, 335, 443
Verger, Mental State of	425
Webster, John, M.D., F.R.S., Notes on Belgian Lunatic Asylums	397
Warwick County Asylum, Report of, for 1856	500
Will, Trial respecting Validity of a	43
Wilts County Asylum, Report of, for 1856	502
Wood, William, M.D., on the Establishment of a State Asylum	365
Worcester Asylum, Report of, for 1856	504



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